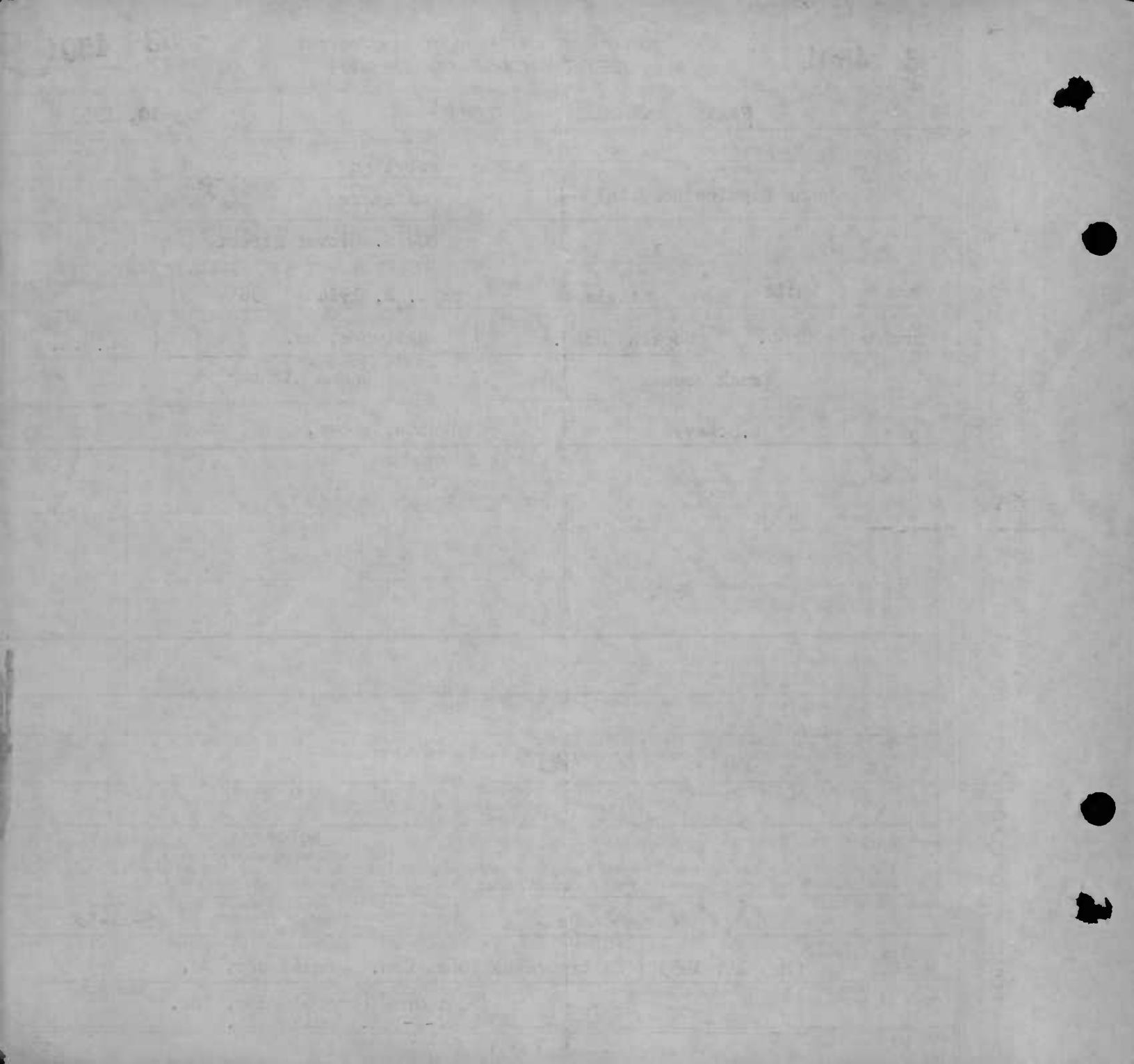


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4501 Registered No.
BIRTH NO 53 4501				
1. NAME OF DECEASED (Type or Print) FRANK CHARLES ZOUBEK			2. DATE OF DEATH May 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 802 N. Glover Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 2, 1914	9. AGE (In years last birthday) 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Dept.			11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
10B. KIND OF BUSINESS OR INDUSTRY Hopkins Hosp.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Frank Zoudek			14. MOTHER'S MAIDEN NAME Anna Richter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) U.S. Navy			16. SOCIAL SECURITY NO.	
			17. INFORMANT ADDRESS Parents, above,	
18. 42011 CAUSE OF DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Artery Sclerosis DUE TO				
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?				
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED 5-11-53				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 14, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem.
24D. LOCATION (City, town, or county) (State) Baltimore, Md.				
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR Schlaunek Funeral Home, Inc.		ADDRESS 260133-5 E. Madison St.		
V.S. 151				

390.8T



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4502

53 4502
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARL JOFFRE BENNETT			2. DATE OF DEATH May 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 3435 Ravenwood Avenue		
c. Length of stay in Baltimore Yrs. Mos. Days			8-01		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 27, 1915	9. AGE (in years last birthday) 38	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Corp.	11. BIRTHPLACE (State or foreign country) Roanoke Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carl J. Bennett			14. MOTHER'S MAIDEN NAME Ellen Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes U.S. Army		16. SOCIAL SECURITY NO. 213-07-4317	17. INFORMANT ADDRESS Lucille Bennett, wife, above		
18. E912.3 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Craniocerebral Injury ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Comminuted Fracture of Right Femur DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bethlehem Steel Yards		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Sparrows Point, Md.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-6-53 11:20 A.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? deceased in its structure boom of crane collapsed and crushed the	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. H. Fisher		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 5-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE May 12, 1953	24C. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	24D. LOCATION (City, town, or county) (State) Shenandoah, Va.		
DATE RECEIVED BY LOCAL REGISTRAR May 12 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Schmunek Funeral Home, Inc. 2601-3-5 E. Madison St.		

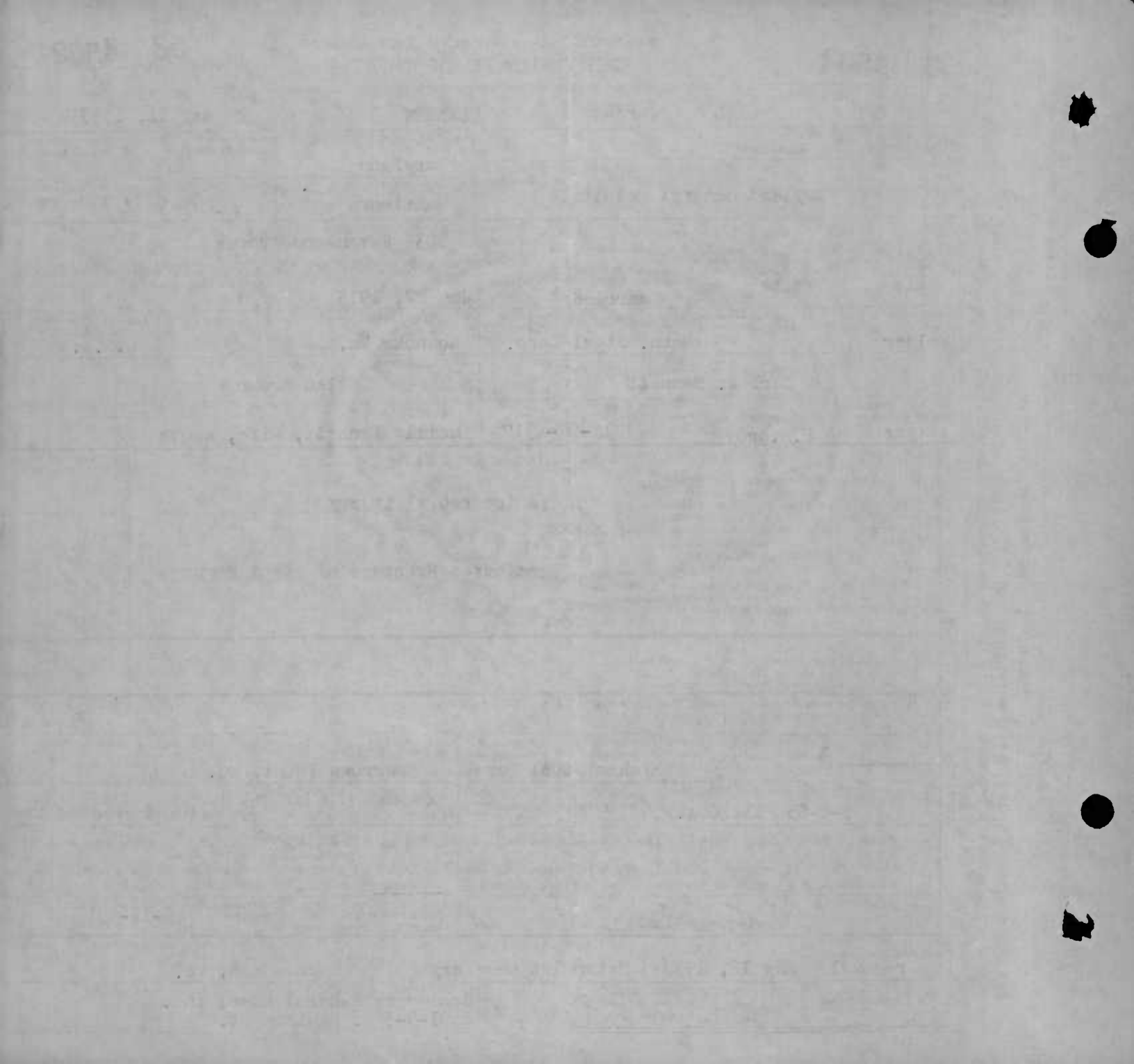
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4503**

BIRTH NO.

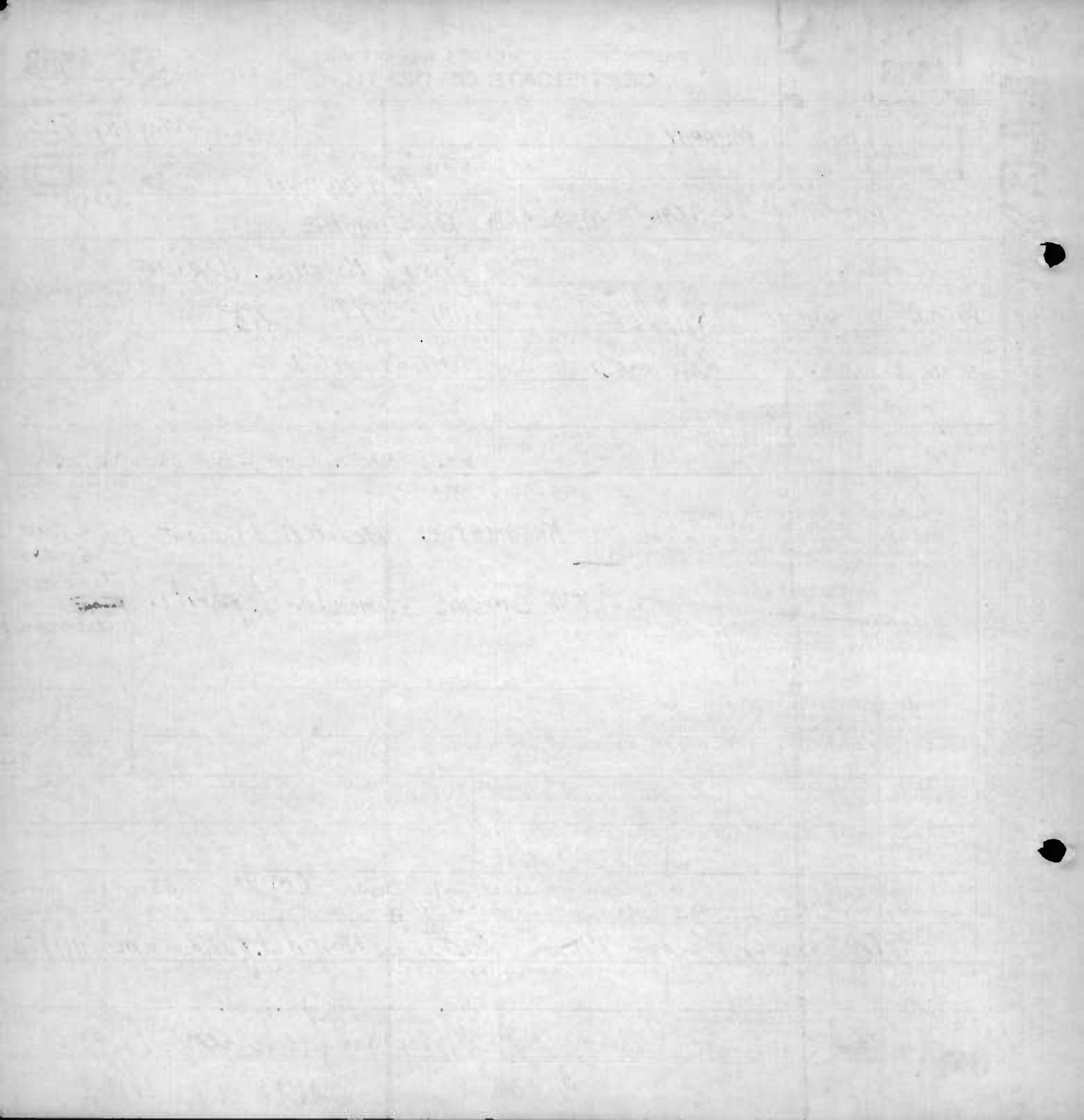
1. NAME OF DECEASED (Type or Print) LOYD L. MURPHY			2. DATE OF DEATH MAY 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL OF MARYLAND			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE County		
D. STREET ADDRESS (If rural, give location) 2649 PURNELL DRIVE 5300					
c. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 8, 1898		9. AGE (In years last birthday) Months Days 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK, B. & O. RR.			10B. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME French A. Murphy		
14. MOTHER'S MAIDEN NAME Florence V. Hane			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mr. Marle E. Murphy-2649 Purnell Dr.		

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RHEUMATIC HEART DISEASE (A) DUE TO AND CHRONIC Glomerular Nephritis (B) DUE TO (C)	CAUSE OF DEATH MORE THAN 5 years Time not determined
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 29, 1953 to MAY 11, 1953 that I last saw the deceased alive on MAY 11, 1953 , and that death occurred at 9:10 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE William D. Rosson M.D.		23B. ADDRESS Lutheran Hospital, Md.		23C. DATE SIGNED MAY 11, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/11/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Dickner & Sons		24F. ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		39050	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

53 4504

CERTIFICATE OF DEATH

Reg. Dist. No. 53 4504

1. PLACE OF DEATH - COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE		Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		Baltimore		CITY (If outside corporate limits, write RURAL and give nearest town)		Baltimore		20-07	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		208 N. Culm St.		STREET ADDRESS		208 N. Culm St.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		Oscar P. Comgys		4. DATE OF DEATH		May 12		1953	
5. SEX		Male		6. COLOR OR RACE		White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	
8. DATE OF BIRTH		Nov. 30 1901		9. AGE last birthday		51 yrs.		10. CITIZEN OF WHAT COUNTRY?	
11. BIRTHPLACE (State or foreign country)		Kent Co Maryland		12. CITIZEN OF WHAT COUNTRY?		U.S.A.			
13. FATHER'S NAME		John T. Comgys		14. MOTHER'S MAIDEN NAME		Mary Eva Genge			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		No		16. SOCIAL SECURITY No.		None		17. INFORMANT AND ADDRESS	
						Mrs. Julia A. Comgys - 208 N. Culm St.			
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
195X Immediate cause (a) Metastatic Carcinoma									
Antecedent cause(s) (b) Carcinoma of the pituitary									
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)									
11. OTHER SIGNIFICANT CONDITIONS									
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION									
Nov. 23, 1952									
19b. MAJOR FINDINGS OF OPERATION									
Bigney - carcinoma									
20. AUTOPSY?									
Yes <input type="checkbox"/> No <input type="checkbox"/>									
21. ACCIDENT SUICIDE HOMICIDE (Specify)									
PLACE (Home, farm, factory, street, office bldg., etc.)									
(CITY OR TOWN)									
(COUNTY)									
(STATE)									
TIME (Month) (Day) (Year) (Hour)									
INJURY OCCURRED									
While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>									
HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from Nov. 28, 1952, to May 11, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 3:45 P.M., from the causes and on the date stated above.									
SIGNATURE									
Morris W. Steinberg M.D.									
ADDRESS									
410 N. Hilton St									
DATE SIGNED									
May 12, 1953									
23. BURIAL, CREMATION REMOVAL (Specify)									
Burial									
DATE THEREOF									
May 14, 1953									
NAME OF CEMETERY OR CREMATORY									
Kennedyville Cemetery									
LOCATION (City, town, or county)									
Kennedyville Kent Co Md.									
24. FUNERAL DIRECTOR									
Huntington Williams & Warrin V. Williams - Chestnut Hill									

00071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-6774. Exam Case

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4505

53 4505

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marino Broccolino

2. DATE
OF
DEATH

May 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acc Room

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2-03

D. STREET ADDRESS (If rural, give location)

1612 Fleet St.

c. Length of stay in Baltimore

40 Yrs

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 17 1888-1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: Days

11

If Under 24 Hours
Hours: Min.

23

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Coat Presser

10B. KIND OF BUSINESS OR
INDUSTRY

Coat Shop

11. BIRTHPLACE (State or foreign country)

Chieti Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nicola Broccolino

14. MOTHER'S MAIDEN NAME

Giustina Regnelli

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

219-10-7198

17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

MYOCARDIAL INFARCTION

DUE TO

ARTERIO SCLEROTIC

(B)

CORONARY THROMBOSIS

DUE TO

CERTIFICATION APPROVED BY

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953 to 1953, that I last saw the
deceased alive on 10-20-53, and that death occurred at 10-20-53, from the causes and on the date stated above.

23A. SIGNATURE

A. H. Owens, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 13 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belvoir Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

322 S. High St.

ADDRESS

VS 150

690 46

3077 3077 3077 3077 3077 3077 3077 3077 3077 3077

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4507BIRTH NO. 3001. NAME OF DECEASED
(Type or Print)

THOMAS Scott

2. DATE
OF
DEATH

May 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

17-01

c. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

538 Johansson St.

5. SEX

Male

6. COLOR OR RACE

red

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Oct. 17, 1908

9. AGE (in years
last birthday)

44

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lancaster, Ct. VA.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Scott

14. MOTHER'S MAIDEN NAME

Annie Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Rose Heas L 128 W. Sep. St

ADDRESS

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Peritonitis + Pleuritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cirrhosis of the liver

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1953, to May 10, 1953, that I last saw the
deceased alive on May 10, 1953, and that death occurred at 3:58 A.m., from the causes and on the date stated above.

23A. SIGNATURE

George R. Lyons M.D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

5-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/14/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

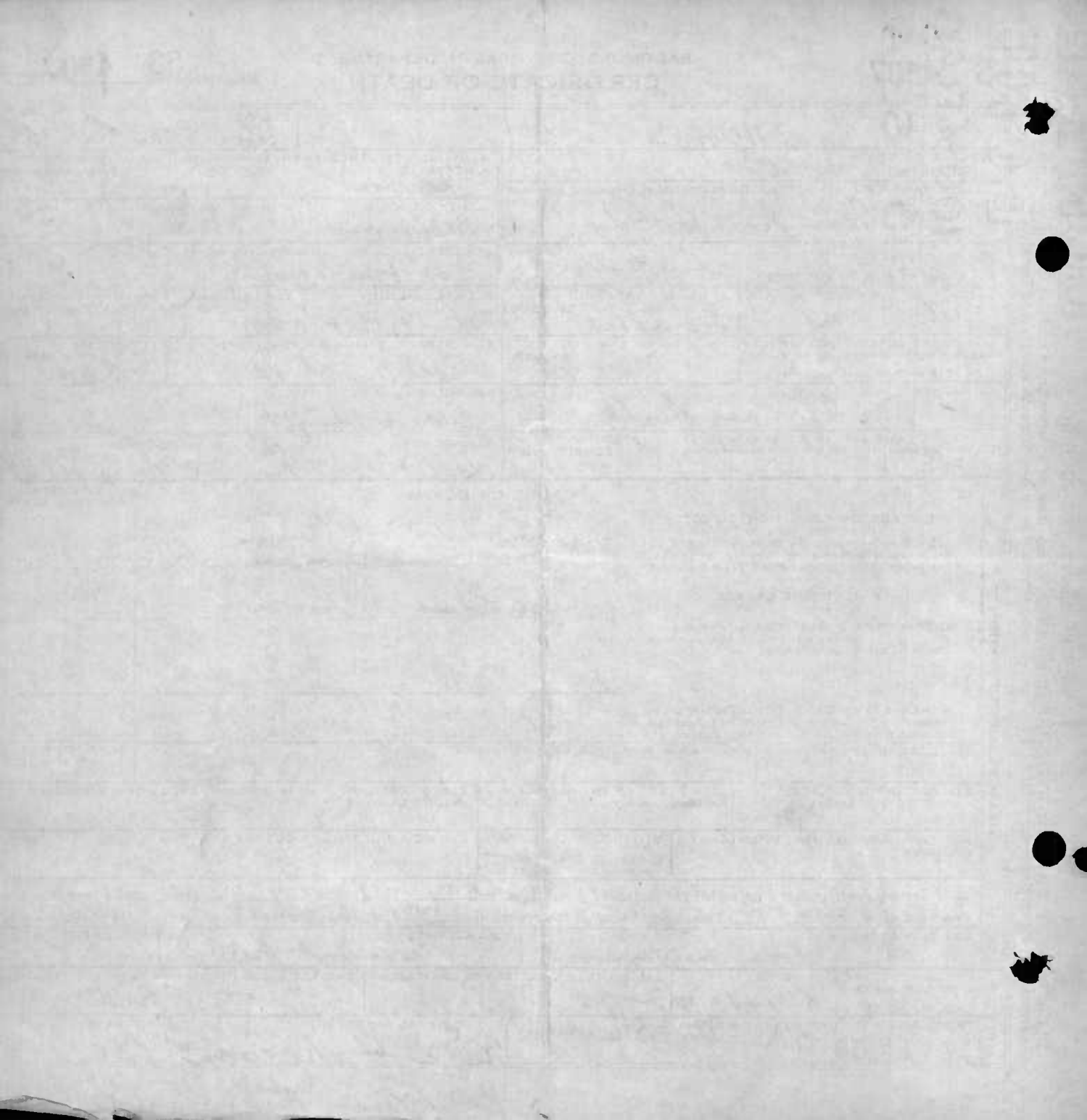
25. FUNERAL DIRECTOR

Geo. H. Kelson

ADDRESS

1303

Prestman St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-170194 B-400 53 4508		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4508 Registered No. _____	
BIRTH NO. B-000		1. NAME OF DECEASED (Type or Print) Perry W. Buie (Perry W. Buil)		2. DATE OF DEATH May 10-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		D. STREET ADDRESS (If rural, give location) 756 W. Redwood St. zone 1		E. AGE (In years last birthday) 60 F. Under 1 Year Months: _____ Days: _____ G. Under 24 Hours Hours: _____ Min: _____	
c. Length of stay in Baltimore 30yr s.	5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5-1893	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME General Buie		14. MOTHER'S MAIDEN NAME Maggie Howell		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals		18. E 900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Post - Traumatic Shock DUE TO Fracture - Dislocation of C7 - C6 Cervical Vertebra Compression Spinal Cord.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION May 8-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Fracture-Dislocation-C6- C7		IF OPERATION WAS RELATOPICAL EXAMINER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 756 W. Redwood St. zone 1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 8-1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell down stairs	
22. I hereby certify that I attended the deceased from 5-8-1953 to 5-10-1953 , that I last saw the deceased alive on 5-10-1953 , and that death occurred at 2.50 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED May 10-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/14/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR A. J. Halstead 918 Druid Hill Ave.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
VS 150 To be Approved by the Medical Examiner					

N 806.0

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James A. Smith

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James A. Smith

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

53 4509				53 4509			
BIRTH NO.				Registered No.			
1. NAME OF DECEASED (Type or Print) CLINTON P. GRIFFIN				2. DATE OF DEATH 5-10-53			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP				c. CITY OR TOWN (If outside corporate limits, write R.R. and township) Baltimore			
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) 5237 Keisterstown Road			
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 1, 1899	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		11. BIRTH PLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Edward Griffin				14. MOTHER'S MAIDEN NAME Mary Graham			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO				16. SOCIAL SECURITY NO. 213-10-2630			
17. INFORMANT William Wood				ADDRESS 5237 Keisterstown Road			
18. 420.1				CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) ARTERIOSCLEROTIC CARDIOVASCULAR			
ANTECEDENT CAUSES				(B) Dense Coronary Occlusion			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) NO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>							
23A. SIGNATURE William Wood				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. 5-10-53			
24A. BURIAL, CREMATION REMOVAL (Specify)		24B. DATE 5-13-53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Fikesville Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Spring Biers		ADDRESS 5005 Phyllis Ave	

1. [Illegible text]

2. [Illegible text]

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99. [Illegible text]

100. [Illegible text]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 4510

BIRTH NO.

Wilhelmina (Minnie) Dietz

1. NAME OF DECEASED
(Type or Print)

MINNIE

DIETZ

2. DATE
OF
DEATH

11 May 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1929 E Lombard St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1929 E. Lombard Street

C. CITY OR TOWN (If outside corporate limits, give RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1929 E. Lombard Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 1877

9. AGE (In years
last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Ladies Garments

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Dietz

14. MOTHER'S MAIDEN NAME

Mary E. Grau

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

None

16. SOCIAL
SECURITY NO.

212-01-2498A

17. INFORMANT

Miss. Annie Dietz-1929 E. Lombard St.

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-
vascular DiseaseINTERVAL BETWEEN
ONSET AND DEATH

18 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Vascular Hemorrhage

6 yrs

II

(C)

Hemiplegia

6 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

19 May 11, 1953, that I last saw the

deceased alive on May 10, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

12 May 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-15-1953

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1953

Huntington Williams, Jr.

George J. Ruth, Inc.-1735 Harford Avenue

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4511BIRTH NO. 53 4511

1. NAME OF DECEASED (Type or Print) <u>AUGUST PENCEK</u>			2. DATE OF DEATH <u>5/10/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>26-05</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ches. Home & Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore - Spawne Pt.</u>		
C. Length of stay in Baltimore <u>40</u> Yrs. <u>40</u> Mos. <u>40</u> Days			D. STREET ADDRESS (If rural, give location) <u>367 North Point Road</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>April 20, 1886</u>		9. AGE (in years last birthday) <u>67</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Henry Pencek</u>			14. MOTHER'S MAIDEN NAME <u>Agatha ?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Ches. Home & Hospital</u>		
			ADDRESS.		

18. <u>420.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
DUE TO		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Generalized Arteriosclerosis</u>		
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/9</u> , 19 <u>53</u> , to <u>5/10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/10</u> , 19 <u>53</u> , and that death occurred at <u>6:55 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>David F. Darrow</u>		23B. ADDRESS <u>Ches. Home & Hospital</u>		23C. DATE SIGNED <u>5/10/53</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24B. DATE <u>5/13/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Christ Lutheran Church Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Co. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 12 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>HENRY SANDER & SONS, INC.</u>
		ADDRESS <u>BALTO., 13, MD.</u>	

1100

WTA-1000

1100



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4512

F-525
53 4512

1. NAME OF DECEASED (Type or Print) JAMES JOSEPH FINNEGAN			2. DATE OF DEATH 5/12/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2300 Harford Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 6, 1890		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) own business		10B. KIND OF BUSINESS OR INDUSTRY Tap room	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Patrick Finnegan			14. MOTHER'S MAIDEN NAME Margaret M^c Guine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 	17. INFORMANT Wife Annie A. Finnegan, 2300 Harford Road		
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) massive gastrointestinal hemorrhage DUE TO esophageal varices DUE TO cirrhosis of liver DUE TO arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 1 week ? ? ?		
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5/8 , 19 53 , to 5/12 , 19 53 , that I last saw the deceased alive on 5/12 , 19 53 , and that death occurred at 3:35 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Alfred S. Nelson			23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 5/12/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 15, 1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem		24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Edmond Luck 5305 Harford	

2906M

OFFICE OF THE SECRETARY OF DEFENSE

1965



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4513
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **MARY HESSLER**

2. DATE OF DEATH **MAY 11, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **4116 MORAVIA AVE.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND** B. COUNTY **26-09**

B. FULL NAME OF HOSPITAL OR INSTITUTION **4116 MORAVIA AVE**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

c. Length of stay in Baltimore **76** Yrs. **2** Mos. **2** Days

D. STREET ADDRESS (If rural, give location) **830 SOUTH CONKLIN STREET**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW**

8. DATE OF BIRTH **MARCH 11, 1877**

9. AGE (in years: last birthday) **76** 1 Year **3** Months **2** Days **2** Hours **2** Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSE WIFE**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **BALTIMORE - Md.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Mack**

14. MOTHER'S MAIDEN NAME **?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **MRS. FORESTELLA HAGAN**

ADDRESS **DAUGHTER 4116 MORAVIA AVE.**

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CEREBRAL THROMBOSIS**

6 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE**

10 YEARS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **PARKINSON'S DISEASE**

8 YEARS

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY.

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ HOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **APRIL 27, 1952** to **MAY 11, 1953**, that I last saw the deceased alive on **MAY 11, 1953** and that death occurred at **4:05 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Walter P. Pyle**

23B. ADDRESS **405 Eldon Ave**

23C. DATE SIGNED **5-11-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **May 15-1953**

24C. NAME OF CEMETERY OR CREMATORY **OAKLAWN CEM.**

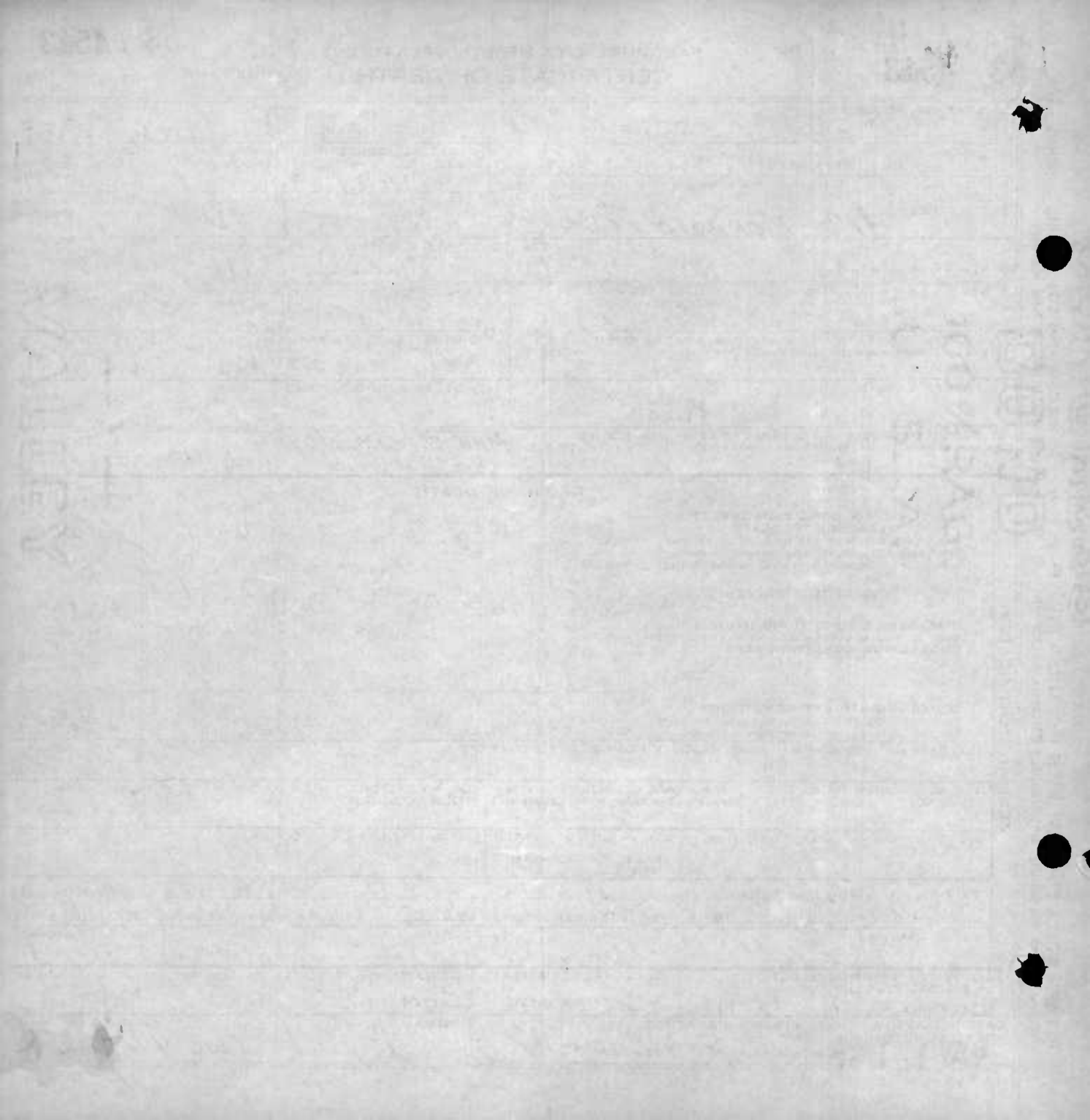
24D. LOCATION (City, town, or county) (State) **BALTO Md**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 12 1953**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR **Leonard Luck**

ADDRESS **5305 Warford Rd**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

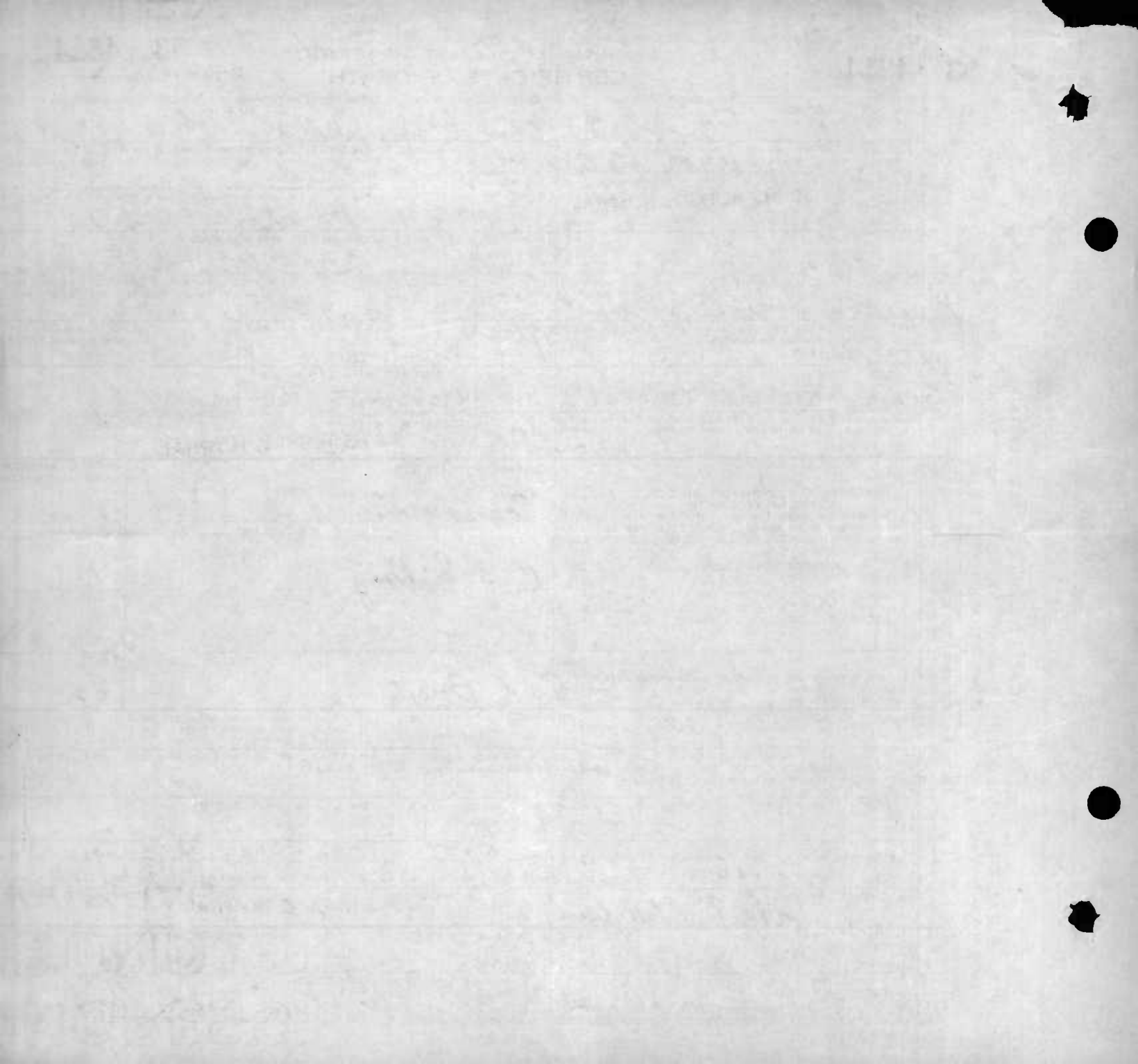
P-654

53 4514

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4514
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Violet M. Parnell</i>		2. DATE OF DEATH <i>May 19 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Wood Bluff 4</i>		4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>8-01</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>3315 Woodstock Ave</i>		5. SEX <i>Female</i>	
C. Length of stay in Baltimore <i>33</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	
8. DATE OF BIRTH <i>4-2-93</i>		9. AGE (In years last birthday) <i>60</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>Md.</i>		13. FATHER'S NAME <i>George Richard Reichel</i>	
14. MOTHER'S MAIDEN NAME <i>Margaret Herman</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>217-03-8806</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatous</i> DUE TO ANTECEDENT CAUSES <i>C of Kidney</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>C of Breast</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>5-7-</i> , 19 <i>53</i> to <i>5-10-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-10-</i> , 19 <i>53</i> and that death occurred at <i>2:50 PM</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>John T. Haybanks</i>	
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>May 13-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
25. FUNERAL DIRECTOR <i>Leonard J. Luck</i>		25. ADDRESS <i>5305 Harford</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1953</i>	
REGISTRAR'S SIGNATURE <i>Funtington Williams, M.D.</i>		VS 150			



53

4515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4515

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Stamey

2. DATE
OF
DEATH

May 12 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Halsted 6

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

N. Carolina

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Fallstown Fallston

D. STREET ADDRESS (If rural, give location)

V-30

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-21-12

9. AGE (In years,
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

L. A. Stamey

14. MOTHER'S MAIDEN NAME

Louise Cline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

S. I. T. T. Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Cirrhosis

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8, 1953, to 5-12, 1953, that I last saw the
deceased alive on 5-12, 1953, and that death occurred at 7 m., from the causes and on the date stated above.

23A. SIGNATURE

Pierce J. Flynn

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

May 12 - 53

24C. NAME OF CEMETERY OR CREMATORY

Stamey Funeral Home Fallston N.C.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Duff & Duff

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

21. 1st of June
1864

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

K-5 30183 58 4516 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered 53 4516	
1. NAME OF DECEASED (Type or Print) Kennedy, Charlotte (Kennedy, Lottie K.)			2. DATE OF DEATH May 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern, Ave			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 743 E. Preston, St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23, 1900	9. AGE (In years last birthday) 52	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter DeBarry			14. MOTHER'S MAIDEN NAME Molly McKenna		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern, Ave.		
18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Subarachnoidal Hemorrhage- Cerebrac Coma ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Subarachnoidal Hemorrhage- Cerebrac (B) Coma (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-8 , 1953, to 5-10 , 1953, that I last saw the deceased alive on 5-10 , 1953, and that death occurred at 11:48 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Williams, M.D.		23B. ADDRESS 4940 Eastern, Ave. Balto, Md.		23C. DATE SIGNED May 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/13/53		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. & Wm. Cook, Inc., 1217 St. Paul St.			

1944-1945

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1944-1945

1944-1945

REPORT OF THE UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1944-1945

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1944-1945

1944-1945

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1944-1945

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1944-1945

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1944-1945

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-364 **CERTIFICATE CORRECTED** **5-15-53**

53 **4517** **BALTIMORE CITY HEALTH DEPARTMENT** **53** **4517**
CERTIFICATE OF DEATH **Registered No.**

BIRTH NO. *Non Res.*

1. NAME OF DECEASED (Type or Print) *MICHAEL SOUTHERLAND*

2. DATE OF DEATH *5/8/53*

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3899 UNIV. HOSP.
C. Length of stay in Baltimore Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD.* **B. COUNTY** *Charles*
C. CITY OR TOWN *NEAR-BURY (Marbury)*
D. STREET ADDRESS (If rural, give location) *5800*

5. SEX *M* **6. COLOR OR RACE** *W* **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) *Single*

8. DATE OF BIRTH *Jan. 25, 1953* **9. AGE** (In years, last birthday) *3* **If Under 1 Year** Months: Days **If Under 24 Hours** Hours: Mins.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **10B. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (State or foreign country) *Charles Co., Md.* **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME *Robert Lee Southerland* **14. MOTHER'S MAIDEN NAME** *Rachael Ann Garner*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**

17. INFORMANT *Robert Lee Southerland, Marbury, Md.* **ADDRESS**

18. 754.4 **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) *CONGENITAL HEART DIS*
ANTECEDENT CAUSES (B) **CERTIFICATION APPROVED BY**
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) *William J. Toley*
CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *2* **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** **20. AUTOPSY?** YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21B. PLACE OF INJURY** (e.g., to or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21F. HOW DID INJURY OCCUR?**

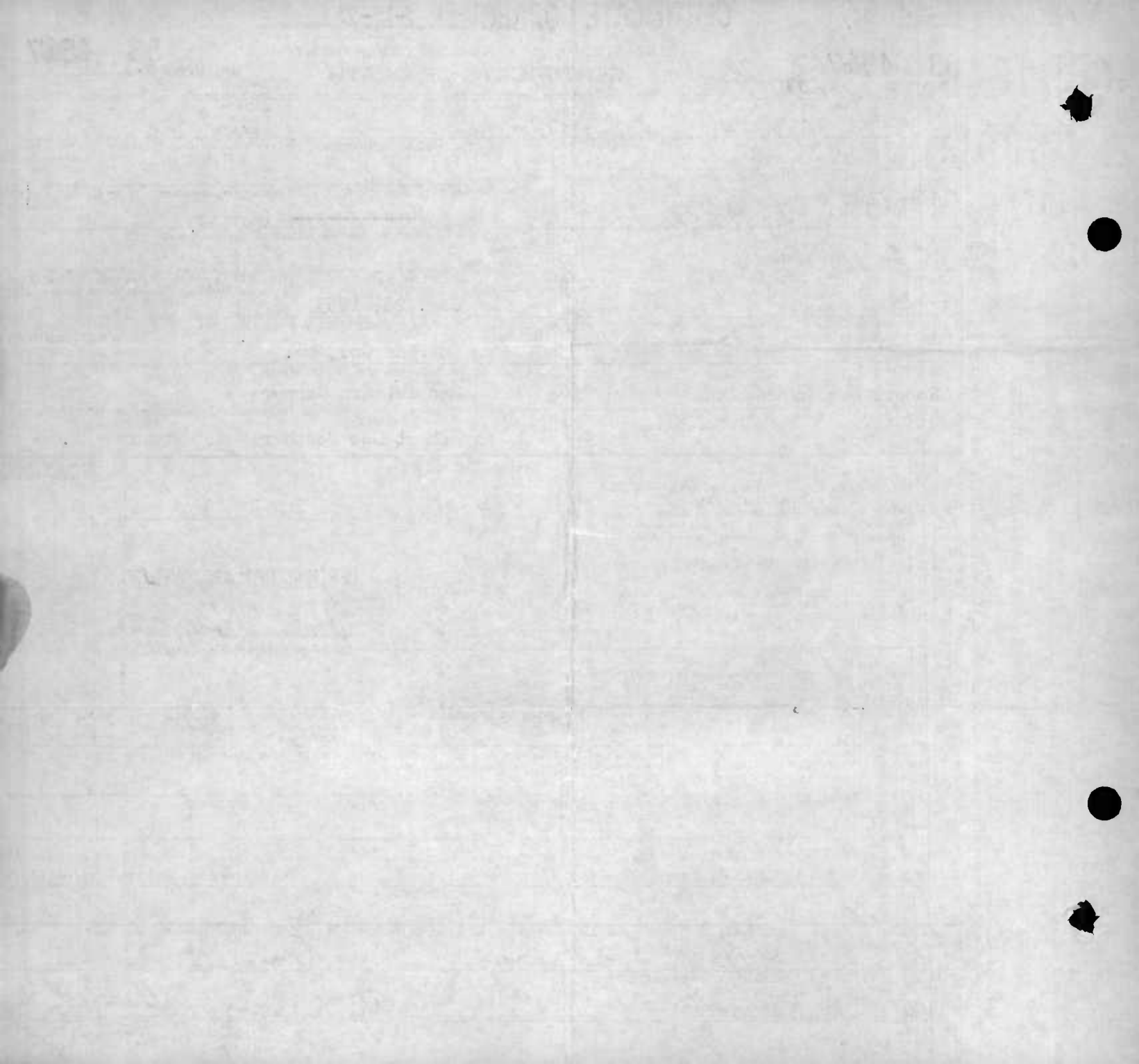
22. I hereby certify that I attended the deceased from *5/8/53*, **1953, to** *5/8*, **1953, that I last saw the deceased alive on** *ODA*, **19**, **and that death occurred at** *10:45 p.m.*, **from the causes and on the date stated above.**

23A. SIGNATURE *Michael J. Toley* **M. D.** **23B. ADDRESS** *Univ. Hosp.* **23C. DATE SIGNED** *5/8/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) **24B. DATE** *5/11/53* **24C. NAME OF CEMETERY OR CREMATORY** *St. Josephs* **24D. LOCATION** (City, town, or county) (State) *Pomfret Md*

DATE RECEIVED BY LOCAL REGISTRAR *MAY 12 1953* **REGISTRAR'S SIGNATURE** *Huntington Williams, M.D.* **25. FUNERAL DIRECTOR** *Hunt & Ryan - Waldorf* **ADDRESS** *P.O. Hunt*

VS 150



53

4518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4518

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROY

VALENTINE

2. DATE OF DEATH
May 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
University Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write U.R.L. and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
111 Hays Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 24, 1910

9. AGE (in years last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calap Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Valentine

14. MOTHER'S MAIDEN NAME

Phyllis Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ella Valentine 111 Hays St.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ 5-11-53
M.D. MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/15/1953

24C. NAME OF CEMETERY OR CREMATORY

Talliviers Chapel

24D. LOCATION (City, town, or county)

Calap Co. Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 12 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

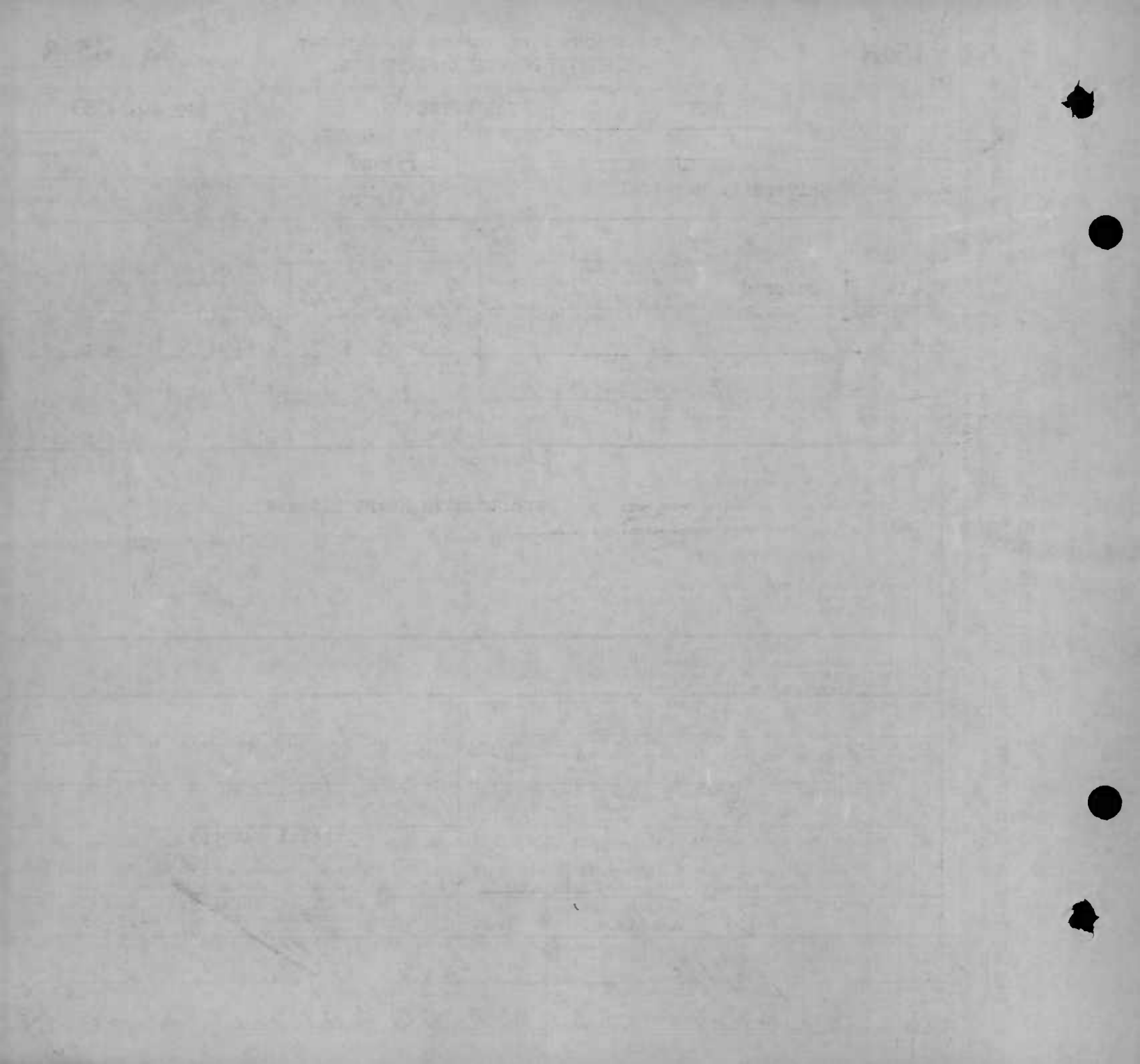
322 N. Schroeder St.

VS 151

93099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-624 CERTIFICATE CORRECTED 5-25-53				BALTIMORE CITY HEALTH DEPARTMENT		53 4519	
BIRTH NO.				53 4519		Registered No.	
1. NAME OF DECEASED (Type or Print) WILLIAM MARSHALL				2. DATE OF DEATH 5-10-53		9th	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PROVIDENT HOSP.				C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Bellto.		17-01	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 903 Myrtle Ave.			
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 15, 1908		9. AGE (In years last birthday) 44	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transfer Bns.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gallatin Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Archie Marshall			14. MOTHER'S MAIDEN NAME Lottie Adams				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Kolma Marshall		
18. E 812.4 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH			(A) Retroperitoneal hemorrhage DUE TO		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Fracture of pelvis DUE TO Comminuted fractures of both lower extremities				
			(C) Acute alcoholism				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) George St. & Myrtle Ave.		
21D. TIME (Month) (Day) (Year) (Hour) May 9, 1953 6:00 P. m.			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by hit and run driver		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William V. Woods			23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 5-10-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 5/13/1953		24C. NAME OF CEMETERY OR CREMATORY Gallatin Tenn.		24D. LOCATION (City, town, or county) (State) Gallatin Tenn	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mr. Katie R. Williams		ADDRESS Schroeder St. 322 N.	
V S 151		N 808.2		29052			

WILLIAM M. MARRAS

GOVERNMENT

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1

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U.S. GOVERNMENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-400

53 4520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4520
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Elizabeth Galloway</i>		2. DATE OF DEATH <i>May 11, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med & Pl 4</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>2109 Ething St</i>		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12-29-1896</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME <i>George Galloway</i>		14. MOTHER'S MAIDEN NAME <i>Alveta Hicks</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>443x and 151x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Massive cerebral hemorrhage</i> DUE TO		<i>24 hrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>hypertensive cardiovascular disease</i> DUE TO		<i>4 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>adenocarcinoma of the stomach with metastases</i>		<i>3 yrs</i>	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-10-</i> , 19 <i>53</i> , to <i>5-11-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-11-</i> , 19 <i>53</i> , and that death occurred at <i>9:10 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard J. Jones</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12 May 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/14/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. T. Arkum Am Balto - Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 12 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. R. Williams</i>	
				ADDRESS <i>322 N. Schroeder St.</i>	

44

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4521

BIRTH NO. 53-10524

1. NAME OF DECEASED
(Type or Print)

BABY BOY CHENOWITH

2. DATE
OF
DEATH

MAY 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

37 MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3619 MALDEN AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

MAY 11, 1953

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PETER E. CHENOWITH JR.

14. MOTHER'S MAIDEN NAME

VIOLA M. RUBY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

774x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CARDIO-RESPIRATORY FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PREMATURITY

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953, to May 11, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Marina Triona - Cortez

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 13/53

New Cathedral

Old Frederick Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1953

Washington Williams

Christin E. Donovan

3818 Roland Ave

1981 20

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL CENTER FOR HUMAN GENE RESEARCH

1981 15

RESEARCH AND
DEVELOPMENT

CAUSE OF DEATH

1. Cause of death
2. Date of death
3. Age at death
4. Sex
5. Race
6. Marital status
7. Education
8. Occupation
9. Residence
10. Social class
11. Family history
12. Medical history
13. Physical examination
14. Laboratory tests
15. Pathological findings
16. Postmortem findings
17. Other findings

0-350
53 4522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4522

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Nathan Odom		2. DATE OF DEATH MAY 9 - 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Qpl 2		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-04			
c. Length of stay in Baltimore 2 yrs.		D. STREET ADDRESS (If rural, give location) 1917 E. Eager St			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH - - 1880	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labr		10B. KIND OF BUSINESS OR INDUSTRY own business		11. BIRTHPLACE (State or foreign country) S. C.	
13. FATHER'S NAME Nathan Odom		14. MOTHER'S MAIDEN NAME Eleanor P		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-5-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-5-53 to 5-9-53 , 1953 that I last saw the deceased alive on 5-9-53 , 1953 and that death occurred at 340 A.M. , from the causes and on the date stated above.							
23A. SIGNATURE Carl S. Johnson		M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5/9/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/10/53		24C. NAME OF CEMETERY OR CREMATORY manicaption		24D. LOCATION (City, town, or county) (State) St Matthews S. C.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE H. J. Williams		25. FUNERAL DIRECTOR W. L. Wilson		ADDRESS 1020 Bunting St	

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

David Stern

53 4523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4523
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Freida Kemper Eichengreen

2. DATE
OF
DEATH

May 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

3835 Park Heights Ave.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3835 Park Heights Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

3835 Park Heights Ave.

c. Length of stay in Baltimore

61--Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 17, 1878

9. AGE (In years
last birthday)

74

10 Under 1 Year
Months; Days
If Under 24 Hours
Hours Min.

11 34

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Moritz Kemper

14. MOTHER'S MAIDEN NAME

Amalia Abramssohn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lee Eichengreen-3835 Pk. Hghts. Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

15 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic C-V. disease
and Hypertension

Many yes.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1943 to May 11, 1953, that I last saw the
deceased alive on May 8, 1953, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis Blum M.D.

23B. ADDRESS

2310 Eutaw Pl.

23C. DATE SIGNED

5/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

May 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cem.

24D. LOCATION (City, town, or county)

Belair Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

David R. Martin, 1902 Eutaw Place

David R. Martin

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

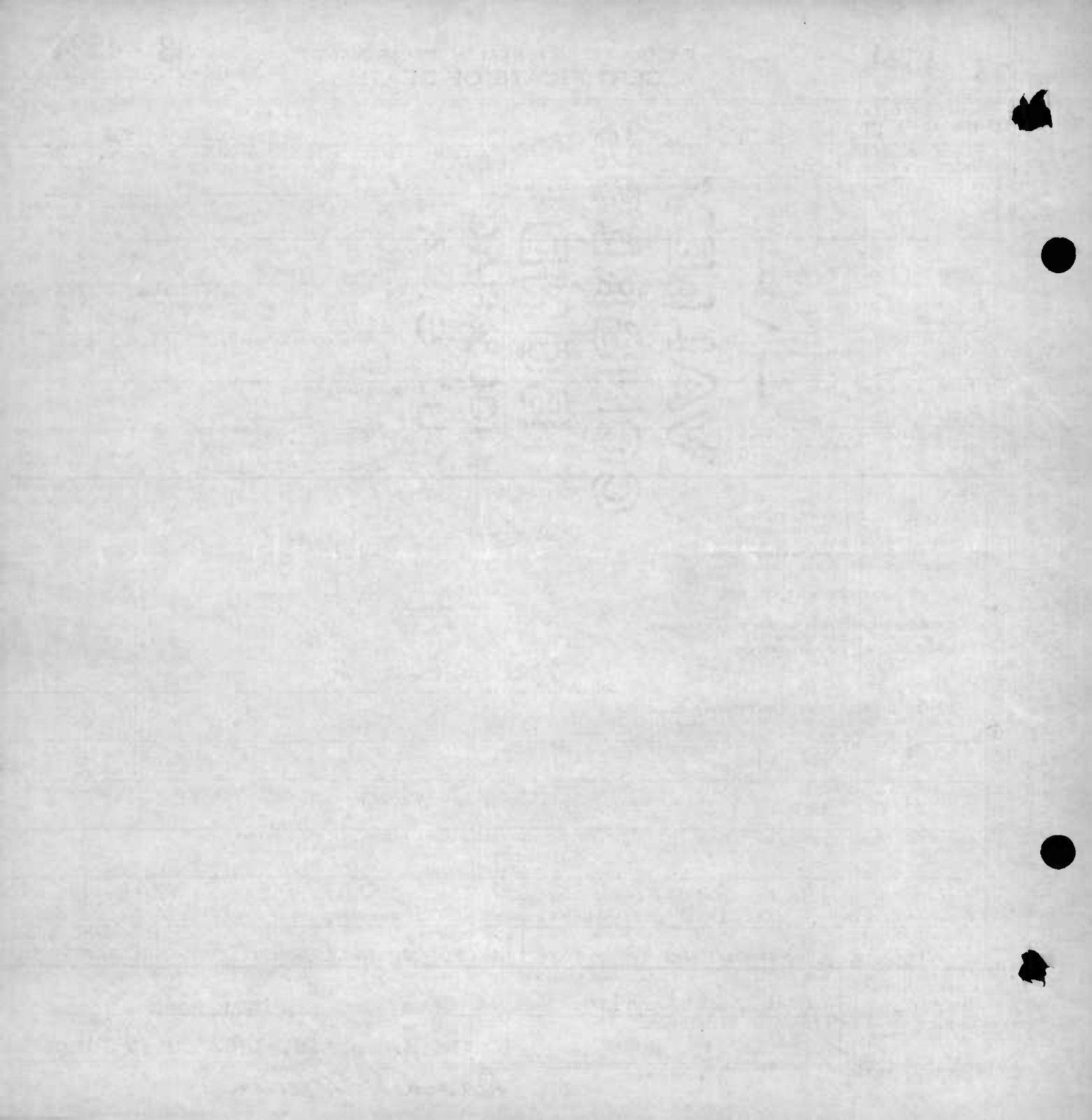
53 4524
Registered No. _____

53 4524
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FLORENCE STROMBERG			2. DATE OF DEATH 5/12/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-20		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3505 Taney Road		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec 18, 1877		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Stromberg			14. MOTHER'S MAIDEN NAME Sarah Greenbaum		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT brother - Leonard Stromberg 3413 Pinkney Road, Balto, 15.		

1B. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebrovascular incident		
DUE TO				
ANTECEDENT CAUSES		(B) Hypertension		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
II		(C) Arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 5/12/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/21 , 19 53 , to 5/12 , 19 53 , that I last saw the deceased alive on 5/12 , 19 53 , and that death occurred at 5:15 a.m., from the causes and on the date stated above.				
23A. SIGNATURE Georgia Reynolds		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 5/12/53
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE May 14, 1953	24C. NAME OF CEMETERY OR CREMATORY Balto. Hebrew Cemetery		24D. LOCATION (City, town, or county) (State) Belair Road
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS David R. Martin, 1902 Eutaw Place David R. Martin,		

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as is especially important. Physicians: please write the causes of death clearly and legibly.



53 4525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4525

1. NAME OF DECEASED
(Type or Print)

ANNA SCHWARTZ

2. DATE
OF
DEATH

MAY 12, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE MARYLAND

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital of Maryland Inc.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 27-16

c. Length of stay in Baltimore

40 yrs.

d. STREET ADDRESS (If rural, give location)

3434 Virginia Ave BALT. 15

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1889

9. AGE (In years;
last birthday)

64

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Wachs

14. MOTHER'S MAIDEN NAME

Sarah?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mr. Phillip Schwartz - 3434 Virginia Avenue

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL HEMORRHAGE

12 HOURS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSIVE ARTERIOSCLEROTIC
CARDIOVASCULAR DISEASEMANY
YEARS -
(MORE
THAN 10)

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 11, 1953, to MAY 12, 1953, that I last saw the
deceased alive on MAY 12, 1953 and that death occurred at 7:19 a. m., from the causes and on the date stated above.

23a. SIGNATURE

William Dr. Ross

23b. ADDRESS

Lutheran Hospital of Maryland

23c. DATE SIGNED

MAY 12, 1953

24a. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24b. DATE

5/13/53

24c. NAME OF CEMETERY or CREMATORY

Workmen Circle

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Dol Lirinson

ADDRESS

1124-26 W.

MAY 13 1953

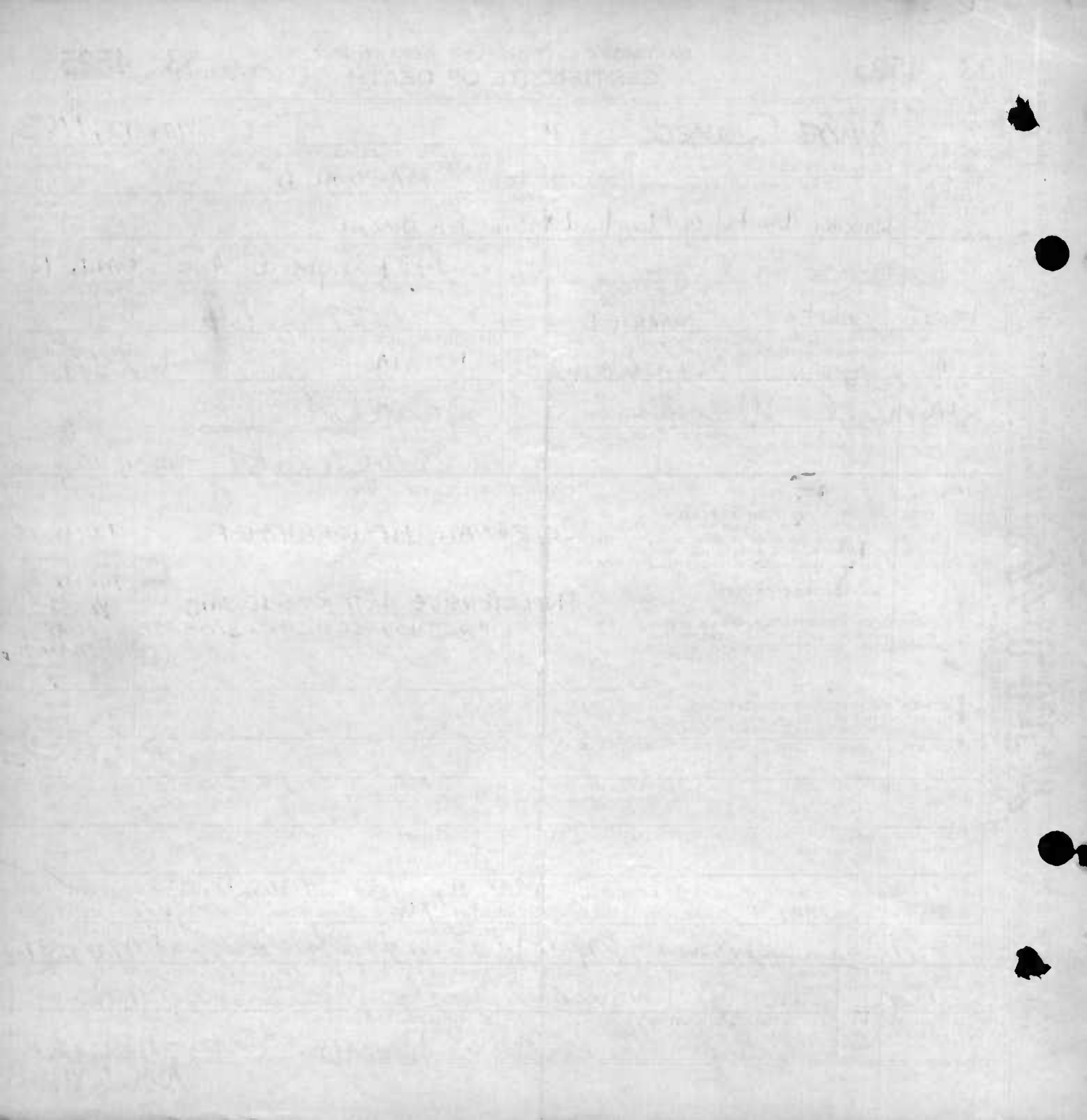
VS 150

North Avenue

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53-4526
Registered No. 53-4526

53-4526 53-11107

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH March 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-36	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Found: Parnell and Ralls Avenues	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 795.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Unknown (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE William V. Bourke		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED March 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 5-7-53		24C. NAME OF CEMETERY OR CREMATORY at Morgan	
24D. LOCATION (City, town, or county) (State) 700 Fleet St.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		24F. REGISTRAR'S SIGNATURE H. Kingston Williams, M.D.	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR R. S. Fisher M.D.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

53 4527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4527

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY JOHN MUELLER

2. DATE
OF
DEATH

5-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

60 1105 E FAYETTE ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Essex

5354

D. STREET ADDRESS (If rural, give location)

1214 Middleborough Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

mar. 8-1884

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ware house man

10B. KIND OF BUSINESS OR
INDUSTRY

Good will industry

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Mueller

14. MOTHER'S MAIDEN NAME

Tabena Westerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-18-3950

17. INFORMANT

Flora Mueller

ADDRESS

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA OF LUNG

sev mos.

ANTECEDENT CAUSES

DUE TO also. secondary anemia
arteriosclerosis

sev mos

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO hypertrophic hypertrophy

sev yrs

(C) compensatory emphysema

sev mos

sev yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

benign prostatic hypertrophy

sev mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 19 53 to May 12, 19 53, that I last saw the
deceased alive on May 11, 19 53, and that death occurred at 12:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth

23B. ADDRESS

2431 MARYLAND AVENUE

23C. DATE SIGNED

5-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/15/53

24C. NAME OF CEMETERY OR CREMATORY

Lauden Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 13 1953

Huntington Williams

Christine W. Bridgman 1407 Eastern Ave

Essex

VS 150

9508W

1952-53

RECEIVED

1952-53

1952-53

HARRY JOHN MULLER

115 E WATKINS ST.

1952-53

1952-53

1952-53

1952-53

1952-53

REV. NO.

RECEIVED

REV. NO.

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1952-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4528
Registered No.

BIRTH NO. 53 4528

1. NAME OF DECEASED (Type or Print) Albert Carroll		2. DATE OF DEATH MAY 11 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01	
D. STREET ADDRESS (If rural, give location) 26 N. Potomac St.		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		8. DATE OF BIRTH 3-12-92	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10B. KIND OF BUSINESS OR INDUSTRY Steel	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Carroll		14. MOTHER'S MAIDEN NAME Emma Cullen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 213-07-2618	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Infarction of Heart DUE TO Arteriosclerotic Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Recent Remote
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-16-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

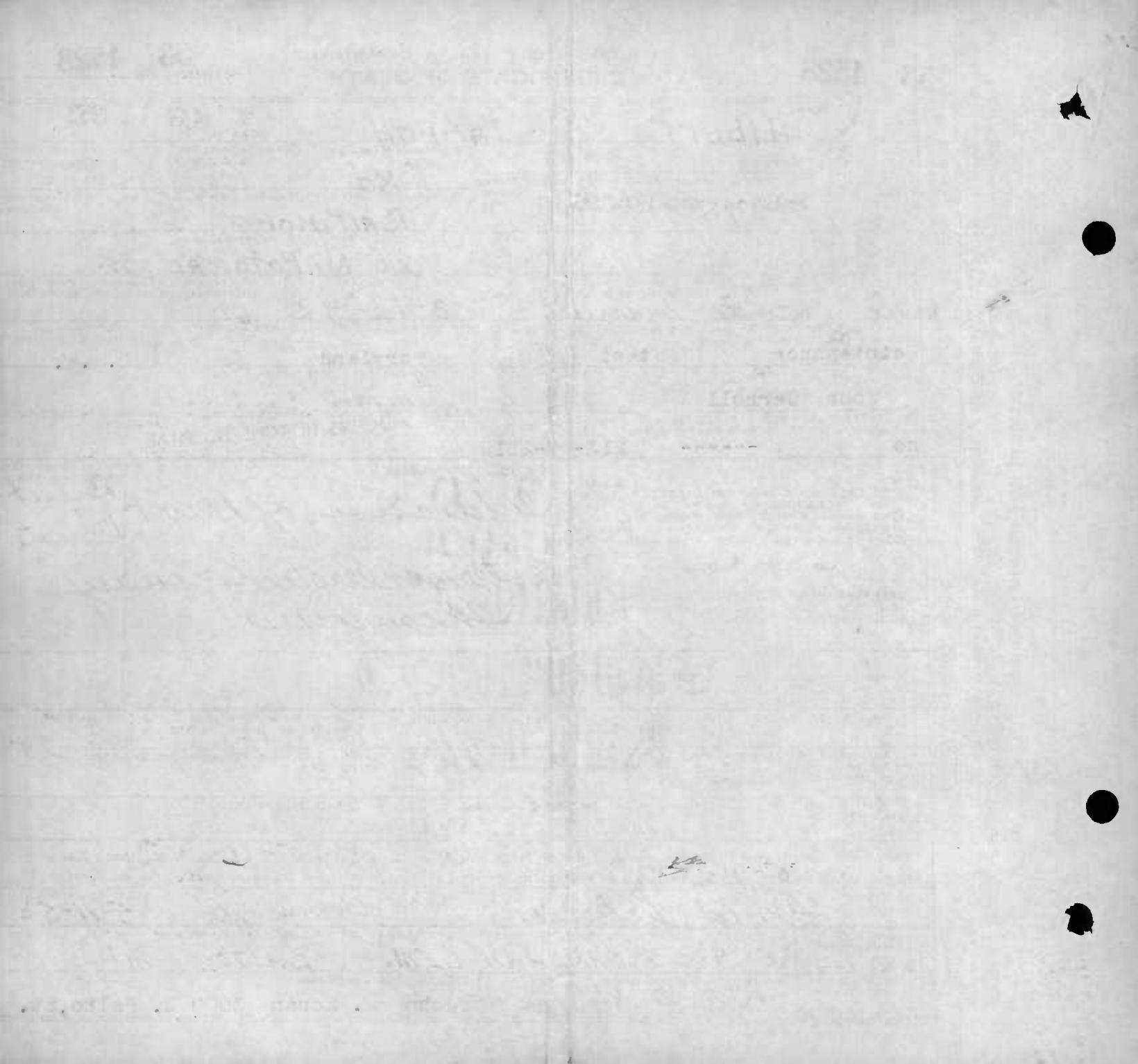
22. I hereby certify that I attended the deceased from **3-16-** 19**53** to **5-11-** 19**53** that I last saw the deceased alive on **5-11-** 19**53** and that death occurred at **m.** from the causes and on the date stated above.

23A. SIGNATURE David Lukens		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5-11-53	
---------------------------------------	--	---	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-14-53		24C. NAME OF CEMETERY OR CREMATORY OAKLAWN. CEM.		24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto, St.	

VS 150

5543A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-356
53 4529BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4529

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis Thomas Ridenour

2. DATE
OF
DEATH

May 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1403 Carwell Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

1403 Carwell St

c. Length of stay in Baltimore

44

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-23-1908

9. AGE (In years
last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

Printing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles E. Ridenour - Deceased

14. MOTHER'S MAIDEN NAME

Annie Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-07-0029

17. INFORMANT

Mrs. Mary C. Ridenour

ADDRESS

Same

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of the Stomach

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Metastases to abdomen, chest + spine

19A. DATE OF OPERATION

Jan. 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Stomach Cancer

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1953, to May 12, 1953 that I last saw the
deceased alive on May 11, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harrison M. Beck M.D. M. O.

23B. ADDRESS

2818 St Paul St

23C. DATE SIGNED

May 13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 16 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.P. Registrar

25. FUNERAL DIRECTOR

Harrison M. Beck

ADDRESS

495 York Rd

VS 150

5124M

May 12, 1908

1000-50-12

4

7-2-1908

White House

W. B. Beck

W. B. Beck

W. B. Beck

1000-50-12

Dr. Beck
2.8185 Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

Dewees
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4530 Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WALTER DEWEES		2. DATE OF DEATH 5/12/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 526 Radnor Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 11, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57
13. FATHER'S NAME Joseph M. Dewees		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES W.W.I		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary J. Macnamara	
17. INFORMANT Hospital records		ADDRESS	

18. 540.0 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Heart - renal failure DUE TO Portal cirrhosis (B) Diabetes mellitus DUE TO Peptic ulcer (C)	INTERVAL BETWEEN ONSET AND DEATH 1 wk. 25 yrs. 25 yrs. 30 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May 7, 1953		19B. MAJOR FINDINGS OF OPERATION Cirrhosis, bleeding peptic ulcer		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 5, 1953 to May 12, 1953 , that I last saw the deceased alive on May 12, 1953 and that death occurred at 6:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE A. H. Hilder		23B. ADDRESS Mercy Hosp.		23C. DATE SIGNED May 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-15-1953		24C. NAME OF CEMETERY OR CREMATORY WOODLAWN	
24D. LOCATION (City, town, or county) (State) WOODLAWN MD.		25. FUNERAL DIRECTOR N.W. JENKINS & SONS Co. 4905 YORK RD.			

47074

1930

1930

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1930

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1930



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4531

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4531

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SISTER M. MONICA RUEN

2. DATE
OF
DEATH

MAY 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MD.

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION

DO

3725 ELLERSLIE AVE.

C. CITY OR TOWN

BALTO.

9-01

D. STREET ADDRESS (If rural, give location)

3725 ELLERSLIE AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

FEB. 25, 1870

9. AGE (In years last birthday)

83

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARE OF CHILDREN

10B. KIND OF BUSINESS OR INDUSTRY

RELIGIOUS

11. BIRTHPLACE (State or foreign country)

MICHIGAN

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

MICHAEL RUEN

14. MOTHER'S MAIDEN NAME

ELIZABETH MURPHY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

SR. M. REGINA 3725 ELLERSLIE AVE.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-vascular Disease with Cerebral Sclerosis 3 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1947, to May 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 24 m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammmerer, Jr.

M. D.

23B. ADDRESS

501 Sheridan Ave

23C. DATE SIGNED

5/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

May 15-1953 St Elizabeths com

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

BALTO

md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co. 4905 YORK RD.

ADDRESS

VS 150

DR. WM H. KAMMER JR.

501 SHERIDAN AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-630		53 4532		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4532	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)				GERTRUDE HARDY		2. DATE OF DEATH May 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3435 Piedmont Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3435 Piedmont Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sept. 2, 1884	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Mark Hardy				14. MOTHER'S MAIDEN NAME Katie Severson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Esther Hardy - 3435 Piedmont Ave.			
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) Cerebral hemorrhage (B) Arterio Sclerosis (C) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 2 hours 8 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-1948, to 6-10-1953, that I last saw the deceased alive on 5-10-1953, and that death occurred at 6 P. m., from the causes and on the date stated above.							
23A. SIGNATURE Howard H. Worman				23B. ADDRESS 2604 Garrison Bldg M. D.		23C. DATE SIGNED 5-12-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/13/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Tichauer & Sons		ADDRESS Balto. 17, Md.	

1235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1235

1. NAME OF DECEASED JAMES EARL RAY		2. DATE OF DEATH APRIL 4, 1968	
3. PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C.		4. CAUSE OF DEATH HEART DISEASE	
5. FULL ADDRESS OF DECEASED 2510 18th Avenue N.E. Albuquerque, N.M. 87106		6. FULL ADDRESS OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C.	
7. DATE OF BIRTH MAY 19, 1928		8. SEX MALE	
9. OCCUPATION ATTORNEY		10. MARITAL STATUS MARRIED	
11. FULL ADDRESS OF DECEASED 2510 18th Avenue N.E. Albuquerque, N.M. 87106		12. FULL ADDRESS OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C.	
13. FULL NAME OF DECEASED JAMES EARL RAY		14. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
15. FULL NAME OF DECEASED JAMES EARL RAY		16. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
17. FULL NAME OF DECEASED JAMES EARL RAY		18. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
19. FULL NAME OF DECEASED JAMES EARL RAY		20. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
21. FULL NAME OF DECEASED JAMES EARL RAY		22. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
23. FULL NAME OF DECEASED JAMES EARL RAY		24. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
25. FULL NAME OF DECEASED JAMES EARL RAY		26. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
27. FULL NAME OF DECEASED JAMES EARL RAY		28. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
29. FULL NAME OF DECEASED JAMES EARL RAY		30. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
31. FULL NAME OF DECEASED JAMES EARL RAY		32. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
33. FULL NAME OF DECEASED JAMES EARL RAY		34. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
35. FULL NAME OF DECEASED JAMES EARL RAY		36. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
37. FULL NAME OF DECEASED JAMES EARL RAY		38. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
39. FULL NAME OF DECEASED JAMES EARL RAY		40. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
41. FULL NAME OF DECEASED JAMES EARL RAY		42. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
43. FULL NAME OF DECEASED JAMES EARL RAY		44. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
45. FULL NAME OF DECEASED JAMES EARL RAY		46. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
47. FULL NAME OF DECEASED JAMES EARL RAY		48. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
49. FULL NAME OF DECEASED JAMES EARL RAY		50. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
51. FULL NAME OF DECEASED JAMES EARL RAY		52. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
53. FULL NAME OF DECEASED JAMES EARL RAY		54. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
55. FULL NAME OF DECEASED JAMES EARL RAY		56. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
57. FULL NAME OF DECEASED JAMES EARL RAY		58. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
59. FULL NAME OF DECEASED JAMES EARL RAY		60. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
61. FULL NAME OF DECEASED JAMES EARL RAY		62. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
63. FULL NAME OF DECEASED JAMES EARL RAY		64. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
65. FULL NAME OF DECEASED JAMES EARL RAY		66. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
67. FULL NAME OF DECEASED JAMES EARL RAY		68. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
69. FULL NAME OF DECEASED JAMES EARL RAY		70. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
71. FULL NAME OF DECEASED JAMES EARL RAY		72. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
73. FULL NAME OF DECEASED JAMES EARL RAY		74. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
75. FULL NAME OF DECEASED JAMES EARL RAY		76. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
77. FULL NAME OF DECEASED JAMES EARL RAY		78. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
79. FULL NAME OF DECEASED JAMES EARL RAY		80. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
81. FULL NAME OF DECEASED JAMES EARL RAY		82. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
83. FULL NAME OF DECEASED JAMES EARL RAY		84. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
85. FULL NAME OF DECEASED JAMES EARL RAY		86. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
87. FULL NAME OF DECEASED JAMES EARL RAY		88. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
89. FULL NAME OF DECEASED JAMES EARL RAY		90. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
91. FULL NAME OF DECEASED JAMES EARL RAY		92. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
93. FULL NAME OF DECEASED JAMES EARL RAY		94. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
95. FULL NAME OF DECEASED JAMES EARL RAY		96. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
97. FULL NAME OF DECEASED JAMES EARL RAY		98. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	
99. FULL NAME OF DECEASED JAMES EARL RAY		100. FULL NAME OF PLACE OF DEATH FEDERAL BUREAU OF INVESTIGATION	

DECEASED BY UNNATURAL MEANS
ALL INFORMATION HEREIN IS UNCLASSIFIED
DATE 01-11-2011 BY 60322 UCBAW/STP

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

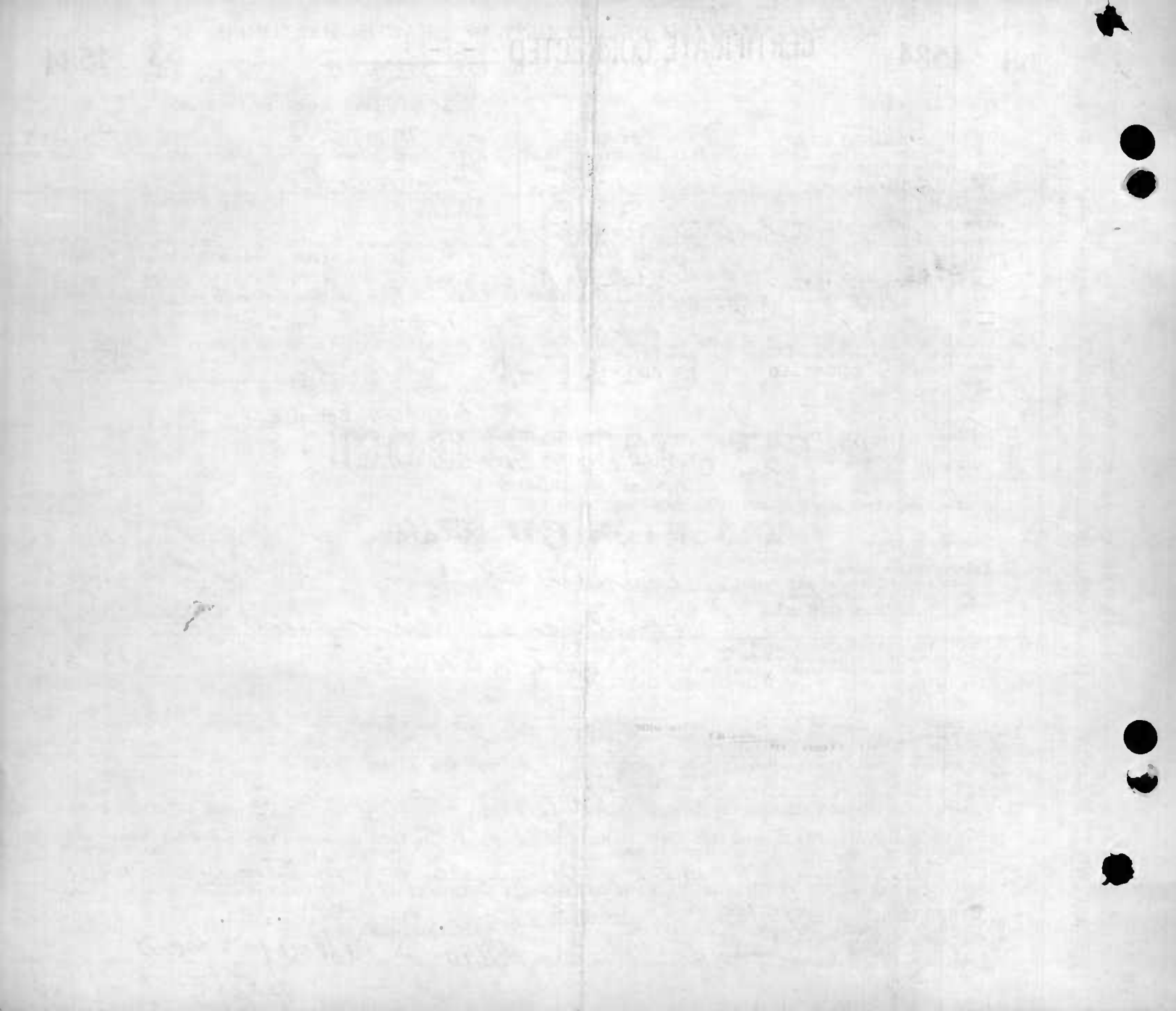
W-300 53 4533				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4533	
BIRTH NO.				1. NAME OF DECEASED (Type or Print) <i>Louis WHITE</i>		2. DATE OF DEATH May 12, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>UNIVERSITY HOSPITAL</i>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-01</i>			
c. Length of stay in Baltimore Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) <i>Rivera Apts. Linden & Lake Drive</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Fe. 15, 1872</i>	9. AGE (In years last birthday) <i>81</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Isaac White</i>				14. MOTHER'S MAIDEN NAME <i>Esther Bergman</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. J. Leo Levy - 3605 Labyrinth Rd.</i>			
18. <i>541.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Pulmonary Edema</i>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Chronic Heart Failure</i>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Uremia.</i>							
19a. DATE OF OPERATION <i>5/4/53</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Dilated Ulcer</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <i>No Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>No Injury</i>		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>5/1/53</i> 19, to <i>5/12/53</i> 19, that I last saw the deceased alive on <i>5/12/53</i> 19, and that death occurred at <i>7 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Samuel W. Deisher M.D.</i>				23b. ADDRESS <i>University Hospital</i>		23c. DATE SIGNED <i>5/12/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/14/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Balto. Hebrew Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>J. Dickner & Sons</i>		ADDRESS <i>Balto 17, Md.</i>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPT.
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE CORRECTED 5-15-53
CERTIFICATE OF DEATH

53 4534 53 4534
 Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Baltimore</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Howard</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	LENGTH OF STAY (in this place) <u>15 days</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Laurel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Montebello State Hospital</u>		STREET ADDRESS (If rural give location) <u>6637</u>	
3. NAME OF DECEASED: (First) <u>Anna</u> (Middle) <u>Grace</u> (Last) <u>Valchant</u>		4. DATE OF DEATH: (Month) <u>May</u> (Day) <u>11</u> (Year) <u>1953</u>	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>Oct. 16, 1890</u>
9. AGE last birthday: <u>62</u> yrs.		10. AGE last birthday: IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>at home</u>	
11. BIRTHPLACE (State or foreign country): <u>Chicago, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Julius Gatzmer</u>		14. MOTHER'S MAIDEN NAME: <u>Amelia Schmula</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>unk.</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>unk.</u>	
17. INFORMANT & ADDRESS: <u>Hospital Record</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
Immediate cause (a) <u>Coronary Occlusion</u>		<u>4 hrs.</u>	
Antecedent causes (s) (b) <u>Auricular Fibrillation</u>		<u>many yrs.</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>Hypertensive Cardio-vascular Dis.</u>		<u>many yrs.</u>	
11. OTHER SIGNIFICANT CONDITIONS		13 yrs.	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u>			
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
SUICIDE		INJURY	
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 10</u> , 19 <u>52</u> , to <u>May 11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 11</u> , 19 <u>53</u> , and that death occurred at <u>11:05 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Daniel Lai</u>		ADDRESS <u>M.D. Montebello Hosp., Baltimore 18</u>	
DATE SIGNED <u>5/11/53</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
DATE THEREOF <u>5/16/53</u>		LOCATION (City, town, or county) (State)	
CREMATION		<u>Green Mount Crem.</u> <u>Balto., Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>MAY 13 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
		24. FUNERAL DIRECTOR <u>Wm. J. Pickney & Sons</u>	
		ADDRESS <u>Balto 17, Md.</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4535 Registered No.	
1. NAME OF DECEASED (Type or Print) NELLIE MARKS				2. DATE OF DEATH May 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1032 W. Lombard St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Unknown	9. AGE (in years last birthday) 88	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Marks			14. MOTHER'S MAIDEN NAME Jane Mitchell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Nellie May Cook Annapolis Md		
18. 491X and E903.5 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia					
ANTECEDENT CAUSES (B) Generalized senility					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Fracture olecranon process, left ulna					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Corner of Harlem and Arlington Ave. 16-01	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 29, 1953		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to ground	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 14/53	24C. NAME OF CEMETERY OR CREMATORY Nicholas Memorial	24D. LOCATION (City, town, or county) (State) Adenton a.e.co Md		
DATE RECEIVED BY LOCAL REGISTRAR May 13 1953	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 1312 Hopfinger St. Annapolis Md		

1

23 11 55

Richard Smith

John Smith

John Smith

John Smith

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4536

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walker Carroll

2. DATE
OF
DEATH

May 10 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1509 Bernard St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1509 Bernard St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1509 Bernard St

C. Length of stay in Baltimore

1940

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 13, 1908

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mandy Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rosa Christian 1031 N. Duke St

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Tuberculous Pneumonia

1 wks

DUE TO

ANTECEDENT CAUSES

(B)

Pulmonary Tuberculosis

?

DUE TO

Bronchial Asthma

3 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5-1953 to 5-10-1953 that I last saw the
deceased alive on 5/8, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rosa Christian

23B. ADDRESS

1422 S. Ross St

23C. DATE SIGNED

5/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 13/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A.A. County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert A. Elliott & Daughter

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN SENATE

January 1, 1900

DECEASED

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Minister

Signature of Justice

Signature of Mayor

Signature of Sheriff

Signature of Clerk

Signature of Treasurer

Signature of Assessor

Signature of Collector

Signature of Comptroller

Signature of Attorney

Signature of Judge

Signature of District Attorney

Signature of County Clerk

Signature of County Sheriff

Signature of County Treasurer

Signature of County Assessor

Signature of County Collector

Signature of County Comptroller

Signature of County Attorney

Signature of County Judge

Signature of County District Attorney

Signature of County Clerk

Signature of County Sheriff

Signature of County Treasurer

Signature of County Assessor

Signature of County Collector

Signature of County Comptroller

Signature of County Attorney

Signature of County Judge

Signature of County District Attorney

Signature of County Clerk

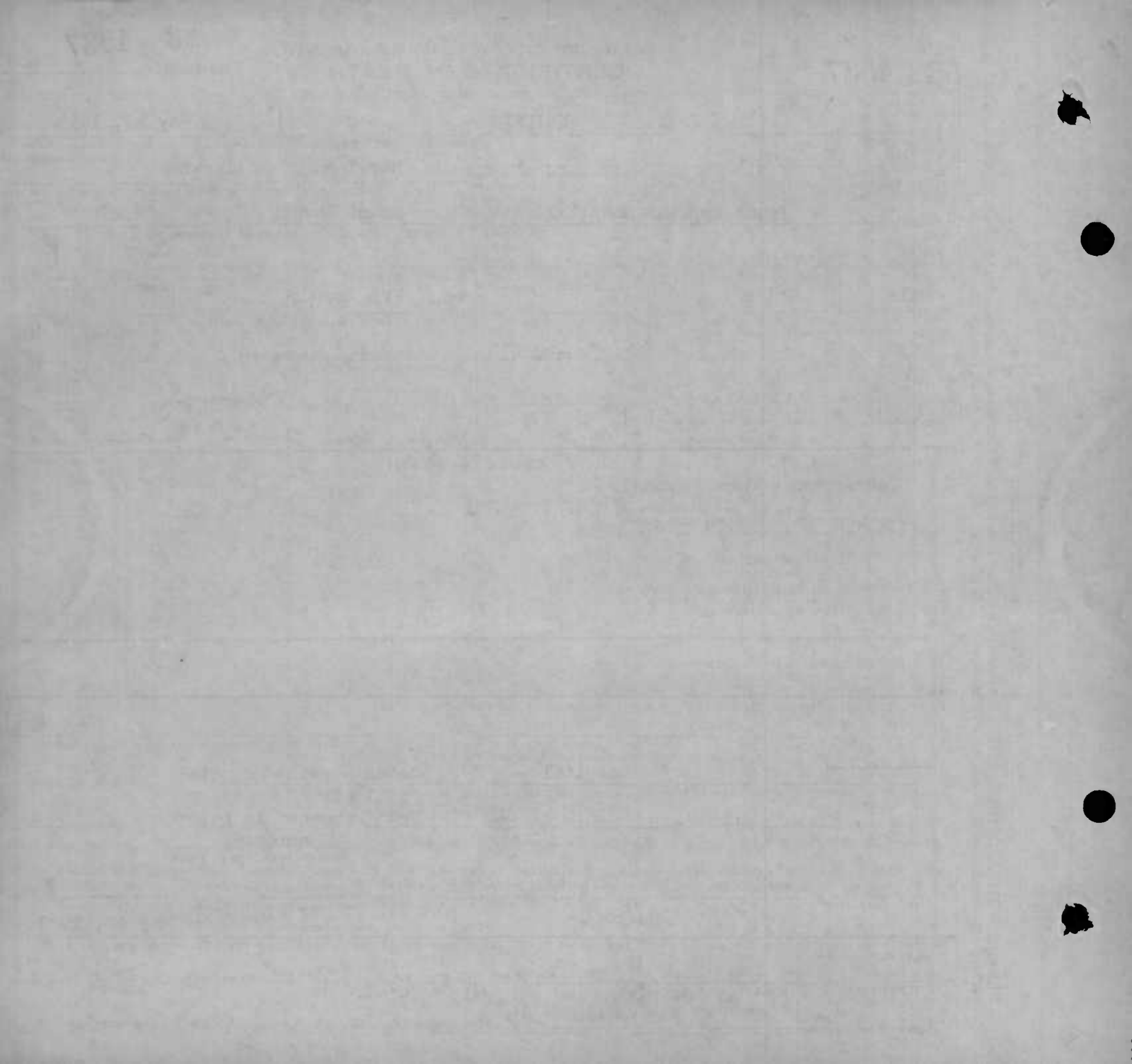
Signature of County Sheriff

Signature of County Treasurer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4537 Registered No.	
1. NAME OF DECEASED (Type or Print) JOHN KNIEREN				2. DATE OF DEATH May 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Allegany	
a. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mount Savage	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 5100	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 13, 1878	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Blacks Smith		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME John Knieren			14. MOTHER'S MARDEN NAME Krampf		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Wife Mrs. Jane Knieren		
18. E929.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Johns Hopkins Hospital	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 12, 1953 4:15 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned in bathtub	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/15/53		24C. NAME OF CEMETERY OR CREMATORY Mt Savage	
24D. LOCATION (City, town, or county) (State) Mt Savage MD		24E. FUNERAL DIRECTOR ADDRESS Edward J. Jones 2503 Edmondway			
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-650
53 4538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4538
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norman B. Herrin

2. DATE
OF
DEATH

May 13, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Tha 2

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Va.

V-43

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Norfolk

D. STREET ADDRESS (If rural, give location)

8013 East Glen Rd.

C. Length of stay in Baltimore

3 1/2

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-17-1906

9. AGE (In years,
last birthday)

46

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES HERRIN

14. MOTHER'S MAIDEN NAME

VERNI STEVENSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT JOHNS HOSPITAL ADDRESS

18. 292.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

congestive heart failure

9 mos.

ANTECEDENT CAUSES

DUE TO

(B)

Secondary thrombocytopenia

about
3 years

DUE TO

(C)

Chronic refractory anemia

about
12 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Lytic anemia

about
2-3 years

19A. DATE OF OPERATION

2/18/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

hypertension

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1953, to 5-13, 1953 that I last saw the deceased alive on 5-13, 1953, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Higgins Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

May 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

TUCKER SWAMP

24D. LOCATION (City, town, or county)

Southampton Co., Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

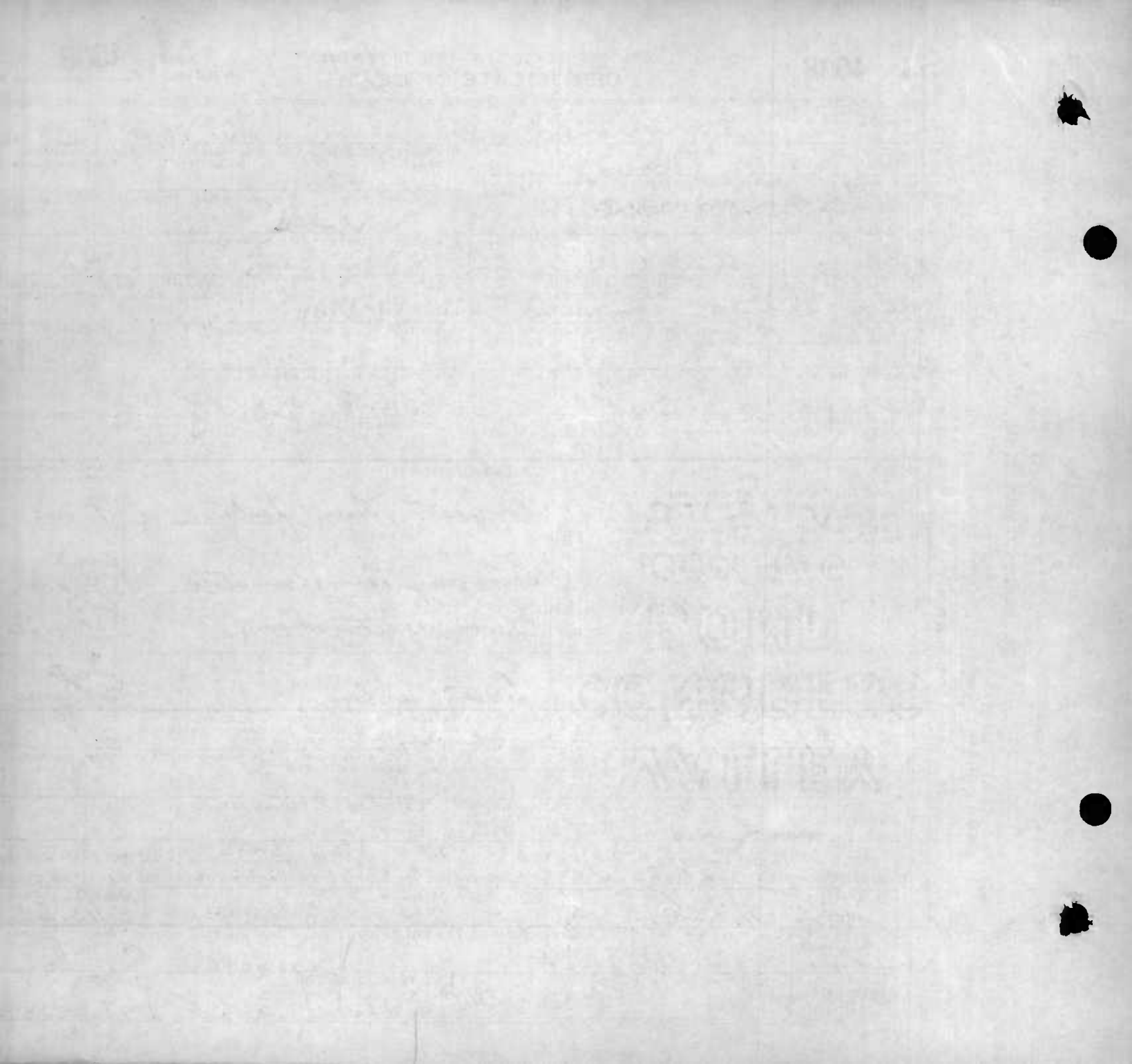
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO RGE J. GORCE 4001 Ritchie

ADDRESS

Navy.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4539

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar L. Jones.

2. DATE
OF
DEATH

May 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

Balto

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

26-01

C. Length of stay in Baltimore

20 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4207. Glenmore Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

M

W.

married

Feb 14-1903

50

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Used Car Dealer

OWN. Business

11. BIRTHPLACE (State or foreign country)

Balto Co. Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Geo. F. Jones

14. MOTHER'S MAIDEN NAME

Sarah E. Madary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Edgar L. Jones. 4207. Glenmore Ave

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

ANTECEDENT CAUSES

(B)

Angina Pectoris

DUE TO

5 days.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May 6, 1953, to May 11, 1953, that I last saw the
deceased alive on May 6, 1953, and that death occurred at 5 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James E. White

M. D.

5214 Harford Rd

13 May 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

5/14/53

Parkwood Cem

Balto Md

MAY 13 1953

Huntington Williams

Parshall Funeral Home

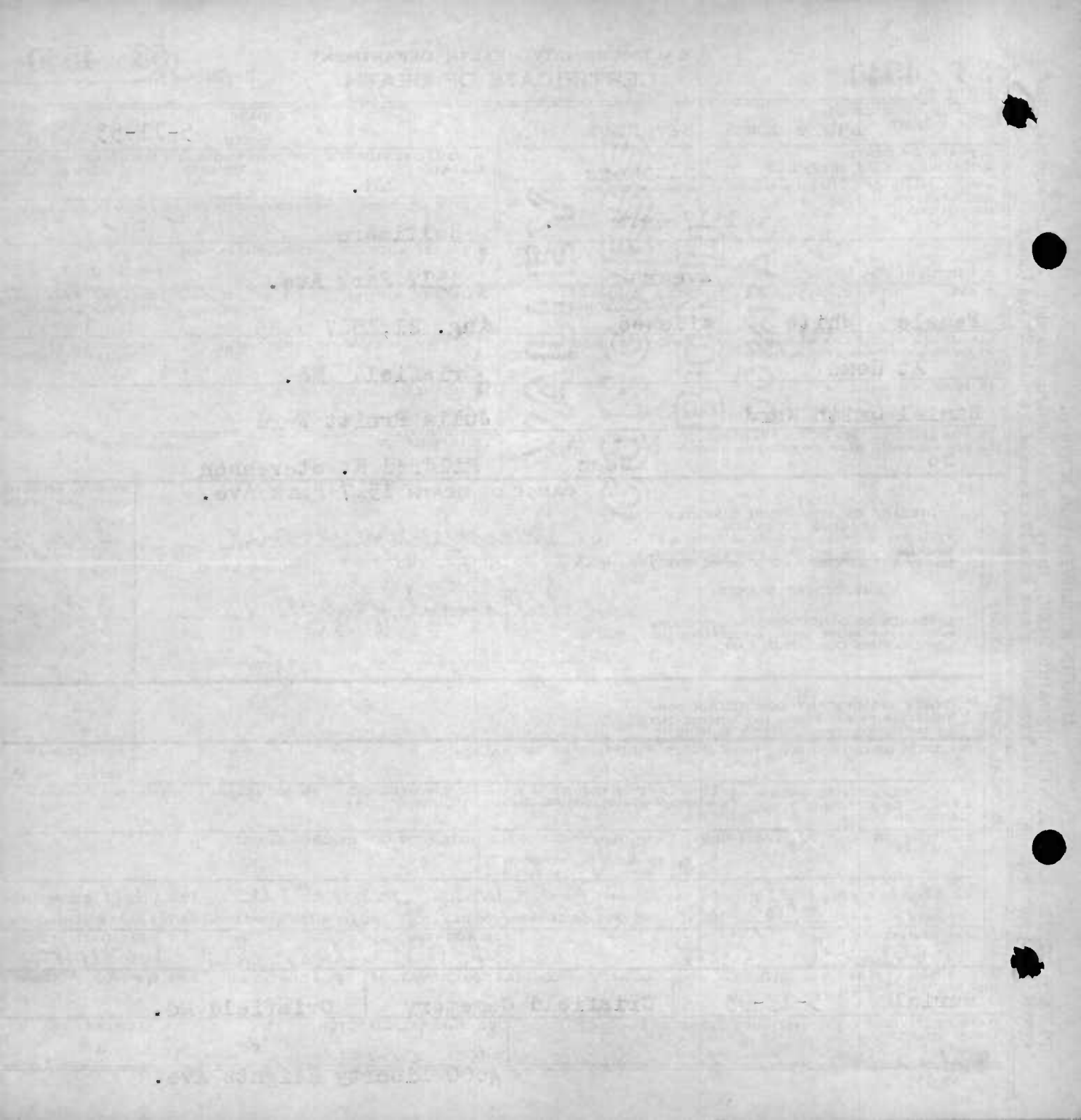
7401 Balair Rd

5214 Harford

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4540

1. NAME OF DECEASED (Type or Print) Laura Emma Stevenson		2. DATE OF DEATH 5-11-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1517 Park Ave.		C. CITY OR TOWN (If outside corporate limits, write full R.L. and give township) Baltimore	
c. Length of stay in Baltimore 4 years		D. STREET ADDRESS (If rural, give location) 1517 Park Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 21, 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Daniel Smith Ward		14. MOTHER'S MAIDEN NAME Julia Pruitt Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mildred N. Stevenson		ADDRESS	
18. 480X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH 1517 Park Ave. Branchopneumonia DUE TO Intestinal gripe DUE TO Interval between onset and death 2 days 3 days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/17 , 19 44 , to 5/11 , 19 53 , that I last saw the deceased alive on 5/10 , 19 53 , and that death occurred at 1:45 p. m., from the causes and on the date stated above.			
23A. SIGNATURE Robert A. Reiter		23B. ADDRESS 3408 Windsor Ave.	
23C. DATE SIGNED 5/11/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-13-53	
24C. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery		24D. LOCATION (City, town, or county) (State) Crisfield Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR W. E. Esworth		ADDRESS 4600 Liberty Heights Ave.	

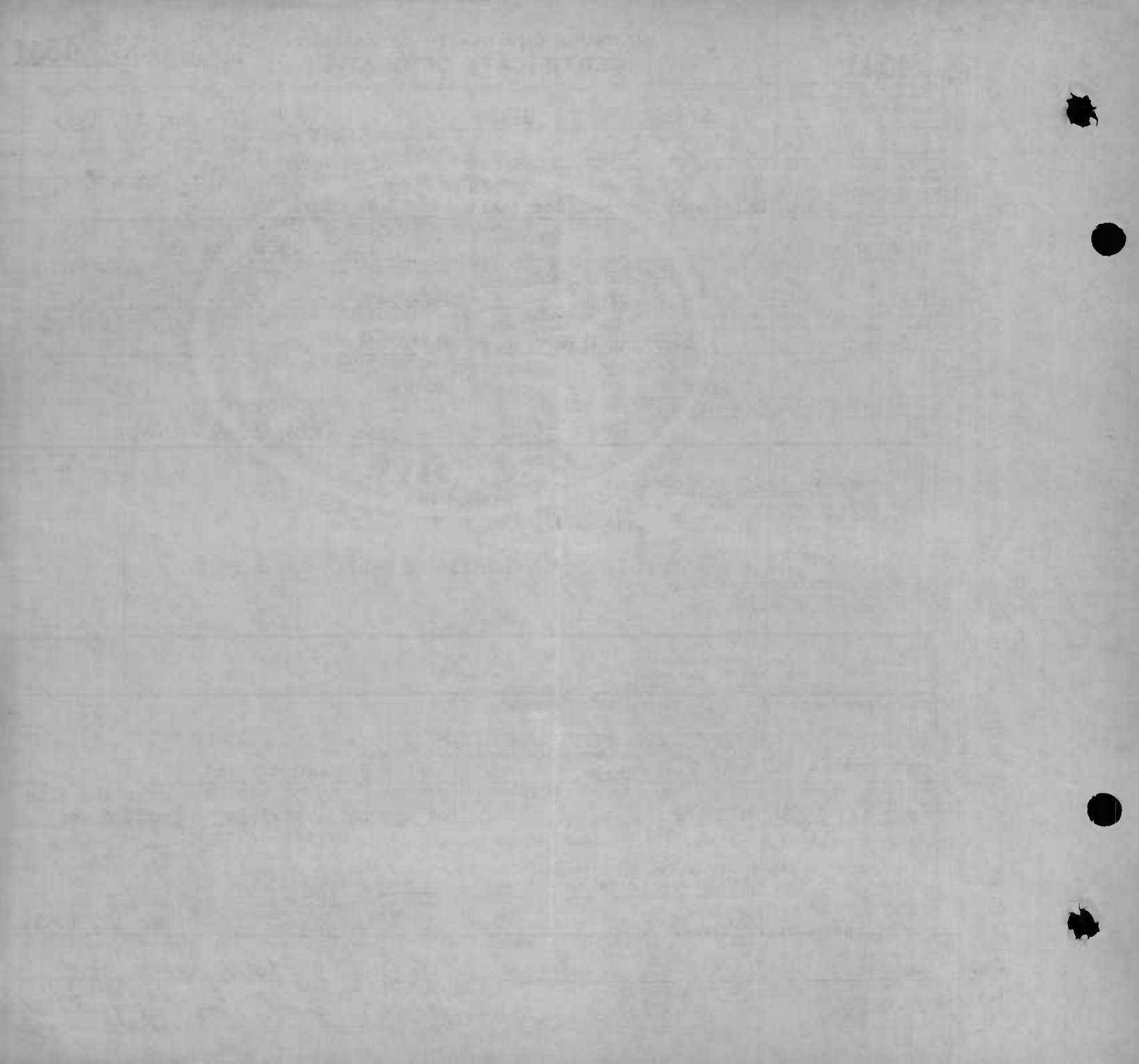


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. D-200 58 4541				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4541	
1. NAME OF DECEASED (Type or Print) ESTABAN DIAZ				2. DATE OF DEATH May 11, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE New York B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) New York			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 164 E. 190th Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/28/1916		9. AGE (In years last birthday) 36	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman			10B. KIND OF BUSINESS OR INDUSTRY American Export Line		11. BIRTHPLACE (State or foreign country) Porto Rico		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Diaz			14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 056-16-6077		17. INFORMANT ADDRESS Rose Diaz (Wife) Above address		
18. E 853. X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed chest XXXXX ANTECEDENT CAUSES Fracture of skull DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Due to OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21C. WHERE DID (if in Baltimore City, give exact location) INJURY OCCUR? Pier 5, Locust Point			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 11, 1953 7:01 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Tell over the side of the ship, striking a gondola car			
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <i>William Williams</i>				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED May 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/13/53		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) New York City, New York	
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. Cook</i>		ADDRESS <i>June 12/74</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 454253 4542
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Nora E. Samuel</u>		2. DATE OF DEATH <u>5/12/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Balto</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2518 Barclay St</u>		C. CITY OR TOWN (If outside corporate limits, write R.A.T. and give township) <u>Balto</u>	
c. Length of stay in Baltimore Yrs. <u>12</u> Mos. <u>03</u> Days		D. STREET ADDRESS (If rural, give location) <u>2518 Barclay St.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5/23/1881</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
13. FATHER'S NAME <u>James M. Easley</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Giles</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Grace O. Samuel</u>		ADDRESS <u>2518 Barclay St.</u>	

18. <u>539.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Structure of asophagus</u> CAUSE OF DEATH DUE TO ? INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 5</u> , 19 <u>53</u> , to <u>May 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>53</u> , and that death occurred at <u>4:45</u> A.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Harry R. McCarty</u>		23B. ADDRESS <u>37 W. Preston Street</u>		23C. DATE SIGNED <u>5/13/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/15/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Woodland Park</u>	
24D. LOCATION (City, town, or county) <u>Parkville Md.</u>		24E. FUNERAL DIRECTOR <u>Wm. Cook Inc.</u>		24F. ADDRESS <u>1217 St. Paul St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 13 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Wm. Cook Inc.</u>	
25. ADDRESS <u>1217 St. Paul St.</u>					

100

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4543**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lela Kelly

2. DATE OF DEATH **May 9, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Joseph's Hospital
1400 N. Caroline St.

D. STREET ADDRESS (If rural, give location)
1310 N. Spring St.

C. Length of stay in Baltimore

20 yrs

Yrs.
Mos.
Days

5. SEX
F

6. COLOR OR RACE
Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Wid.

8. DATE OF BIRTH
Apr 21 1893

9. AGE (In years last birthday)
60

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Ge. Davis Georgia

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Carter Royal Sr

14. MOTHER'S MAIDEN NAME

Sallie Lucas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs Sallie Bailey Georgia

18. **175X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of Ovary with Metastasis

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Chronic Myocardial Infarction

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
April 27, 1953

19B. MAJOR FINDINGS OF OPERATION
Ovarian Cyst

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January 17, 1953** to **May 9, 1953**, that I last saw the deceased alive on **May 9, 1953**, and that death occurred at **4:00 AM**, from the causes and on the date stated above.

23A. SIGNATURE
D. F. Baldwin

23B. ADDRESS
St. Joseph's Hosp

23C. DATE SIGNED
5-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
May 13-53

24C. NAME OF CEMETERY OR CREMATORY
Mt Calvary Cem

24D. LOCATION (City, town, or county) (State)
A. R. G Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR

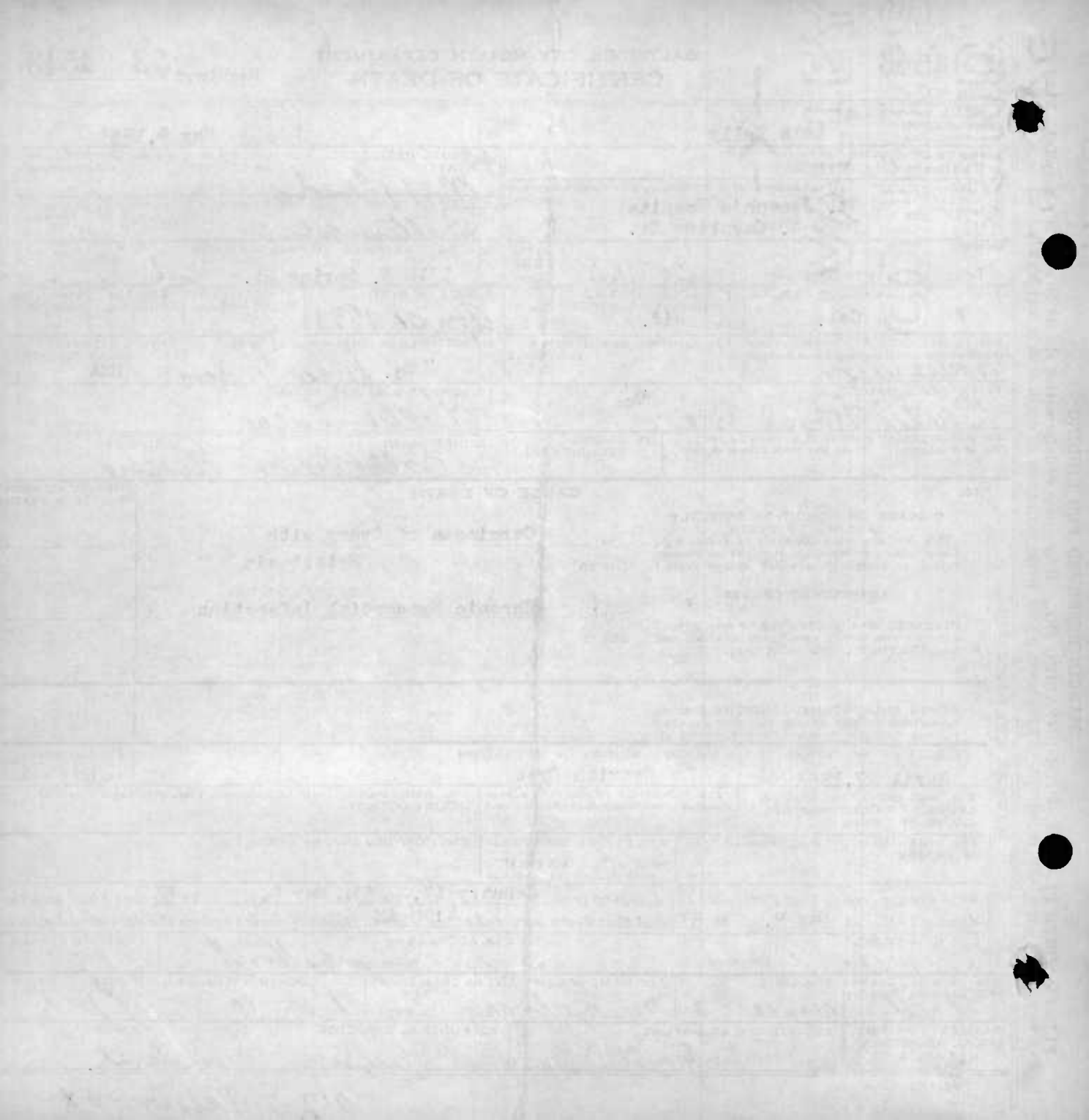
ADDRESS

Rayner Sanders
217 E. Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4544

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES EVA MROZINSKI -

2. DATE
OF DEATH

11 MAY 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY City of Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md 1-01

D. STREET ADDRESS (If rural, give location)

813 South Ellwood Ave

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

16 JAN. 1904

9. AGE (In years last birthday)

49

10. UNDER 1 Year

3 28

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

MARTIN KENDZIERSKI

14. MOTHER'S MAIDEN NAME

FRANCES PRASISEDA TREBULSKA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

215-09-0317

17. INFORMANT

FRANK A KENDZIERSKI

ADDRESS

71 S. DURNHAM

18.

590X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Pneumonia, Nephritis, Sepsis

INTERVAL BETWEEN ONSET AND DEATH

6 mo

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8/53, to 5/11/53, that I last saw the deceased alive on 5/4/53, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy T. Lees

23B. ADDRESS

M. D. 2300 Lombard Avenue, Baltimore, Md.

23C. DATE SIGNED

5/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-15-53

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

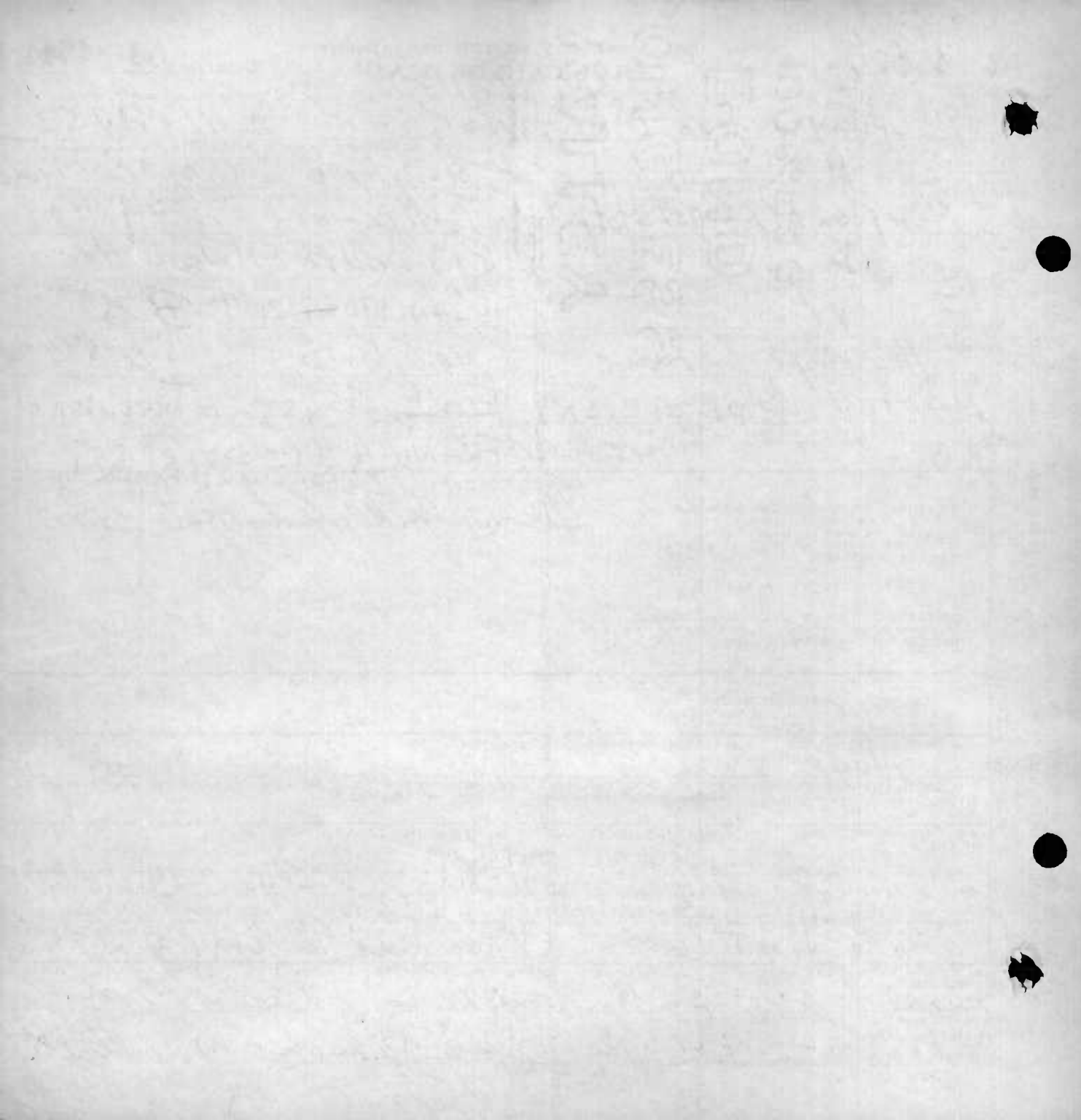
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sely & John Co. 403 S. Abingdon



CERTIFICATE CORRECTED 5-25-53

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4545

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOSEPH B. GANLEY

2. DATE OF DEATH **May 12, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland**
B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore **life**
Yrs. _____ Mos. _____ Days _____

D. STREET ADDRESS (If rural, give location)

1954 Pearlman Place - 13

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH **4-4-1903** AGE (in years last birthday) **50**
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)

Warehouseman N.E. Supply Co.

10B. KIND OF BUSINESS OR INDUSTRY

N.E. Supply Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas J. Ganley (W)

14. MOTHER'S MAIDEN NAME

Frances Meister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Thomas J. Ganley same

18. **561.2**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Strangulated Umbilical Hernia**
DUE TO

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Incarcerated umbilical Hernia**
DUE TO

4 years

(C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obesity. Postoperative bowel resection

19A. DATE OF OPERATION
May 11, 1953

19B. MAJOR FINDINGS OF OPERATION

Strangulated hernial.

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 11, 1953**, to **May 12, 1953**, that I last saw the deceased alive on **May 12, 1953**, and that death occurred at **12:30 AM**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Neill

23B. ADDRESS

1400 N. Caroline St. - 13

23C. DATE SIGNED

May 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-16-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

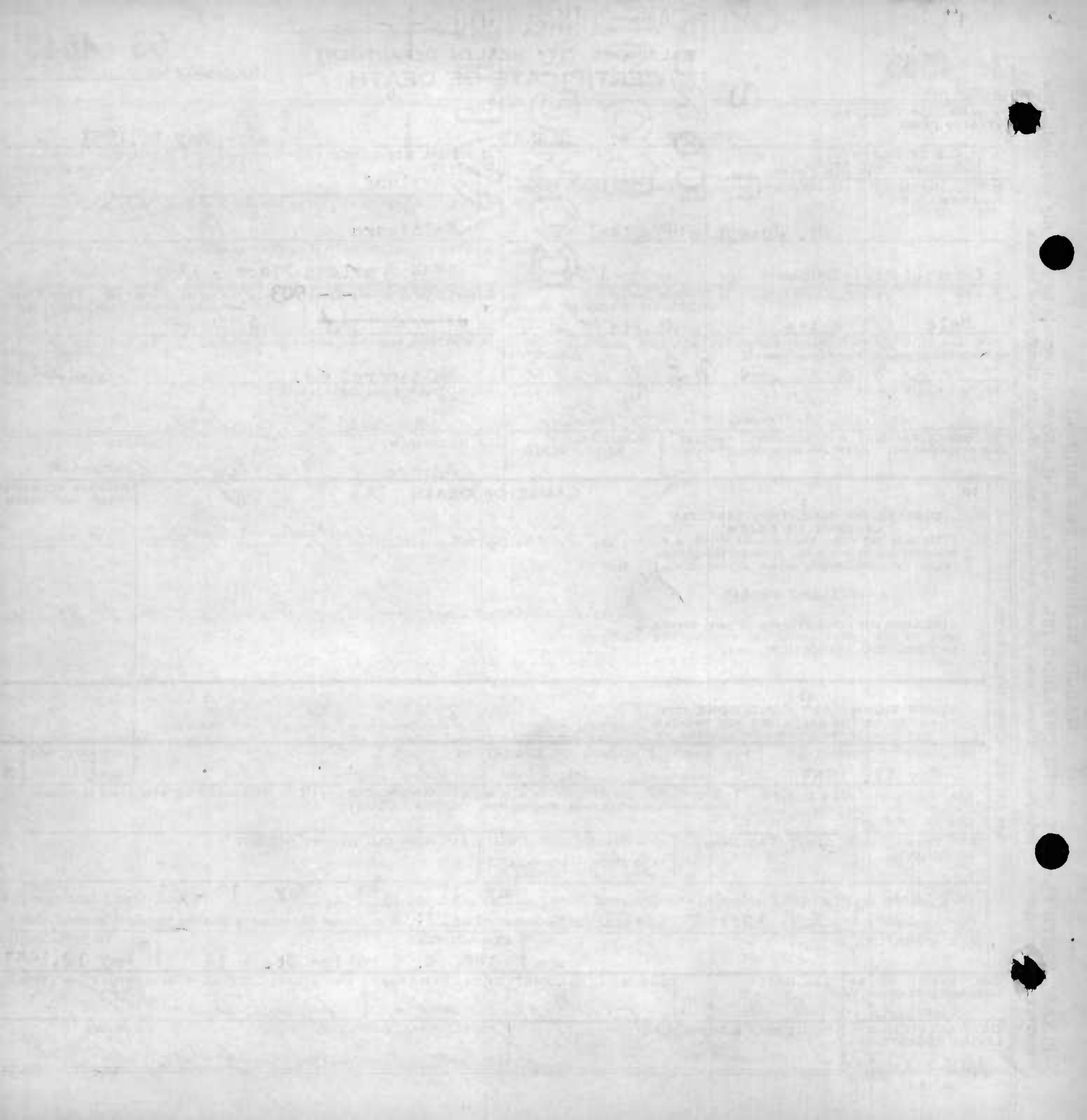
Jelly + Jiles 403 S. 2nd St

ADDRESS

MAY 13 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4546**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Thomas M. Connelly - Sr.*2. DATE
OF
DEATH*5-10-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto -*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*421 S. Ann Street*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md 2-0

D. STREET ADDRESS (If rural, give location)

421 S. Ann Street

C. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*4-23-91*9. AGE (in years
last birthday)*61*11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired*10B. KIND OF BUSINESS OR
INDUSTRY*Core maker*

11. BIRTHPLACE (State or foreign country)

*Baltimore*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Martin Connelly

14. MOTHER'S MAIDEN NAME

*Anna Connelly*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Carrie Connelly - Same*18. *241X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.*Acute Cardiac dilatation**Bronchial Asthma**Hypertrophy of Heart**10 yrs.**5 yrs.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan.*, 19*45* to *May 10, 1953* that I last saw the
deceased alive on *May 10, 1953* and that death occurred at *6 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

John V. Mzubicki

23B. ADDRESS

1802 Eastern Ave

23C. DATE SIGNED

*5-11-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-14-53

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

*Balto - Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Felby & Ziehn Chas. 403 S. Wolfe

1992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4547BIRTH NO. 53 45471. NAME OF DECEASED
(Type or Print)HOWARD M. CAMPBELL2. DATE
OF
DEATH5/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MERCY Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17, MARYLAND

D. STREET ADDRESS (If rural, give location)

1327 N. Stockton Street

c. Length of stay in Baltimore

Lifetime

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 13, 1913

9. AGE (In years last birthday)

39

11 Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHIPPING DEPT.

10B. KIND OF BUSINESS OR INDUSTRY

CROWN COCK & SEAL

13. FATHER'S NAME

WILLIAM CAMPBELL

14. MOTHER'S MAIDEN NAME

SUSIE MOLLISON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

EARL W. CAMPBELL 548 MOSER STREET BALTIMORE 17, MD.18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

CEREBRAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

(B)

HYPERTENSIVE CARDIOVASCULAR DISEASE

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1953, to 5-12, 1953, that I last saw the deceased alive on 5-12, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Pressman

23B. ADDRESS

M. D. Pressman 406

23C. DATE SIGNED

5-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5/12/53

24C. NAME OF CEMETERY OR CREMATORY

Int. Auburn

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. Kelson

ADDRESS

1303

1251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4548**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Emma V. Banks

 2. DATE
OF
DEATH

May 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1330 Etting St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1330 Etting St.

c. Length of stay in Baltimore

Life

 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 22, 1892

9. AGE (in years, last birthday)

60

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Richard Banks 1330 Etting St.

 18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage
5-9-53

ANTECEDENT CAUSES

(B)

DUE TO

Hypertension
2 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐

 NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

 WHILE AT WORK ☐

 NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **2/9/53**, 19__, to **5-9-53**, 19__, that I last saw the deceased alive on **5-9**, 19__, and that death occurred at __ m., from the causes and on the date stated above.

23A. SIGNATURE

Hawelone

23B. ADDRESS

1131 Harlem Avenue

23C. DATE SIGNED

5-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.
Geo. H. Kelson

1106 Harlem

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4549

BIRTH NO. 5-610 4549

1. NAME OF DECEASED
(Type or Print)

John G. Scharf

2. DATE
OF
DEATH

5-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3621 WILKINS AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and township)
BALTIMORE 25-41

D. STREET ADDRESS (If rural, give location)

3621 WILKINS AVE

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV 15-1877

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BLACKSMITH

10B. KIND OF BUSINESS OR INDUSTRY

SAWS- ETC- SELF

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN A. SCHARF

14. MOTHER'S MAIDEN NAME

MADELENA HITTEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Lucy B. Scharf 3621 WILKINS AVE

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

arterio-sclerotic

DUE TO

coronary atherosclerosis

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11 1951 to 6/11 1953 that I last saw the deceased alive on 5/11 1953, and that death occurred at 10:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

2070 W. E. Ave

23C. DATE SIGNED

5/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-15-53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTO. MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Pratt & Stricker, Inc.

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

1918

Name of Animal		Age		Sex	
Breed		Color		Markings	
Place of Birth		Date of Birth		Date of Examination	
Owner's Name		Owner's Address		Owner's City	
Owner's State		Owner's Zip		Owner's Country	
Vet. Name		Vet. Address		Vet. City	
Vet. State		Vet. Zip		Vet. Country	
Disease		Symptoms		Diagnosis	
Treatment		Prognosis		Remarks	
Date of Discharge		Date of Death		Cause of Death	
Post-mortem		Microscopic		Bacteriological	
Other		Other		Other	

5B K-650
4550BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4550
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELMER H. Kirwan

2. DATE
OF DEATH May 12, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Marine Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
2818 Kildaire Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb, 12, 1883

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Sea Captain10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Kirwan

14. MOTHER'S MAIDEN NAME

Amelia Haynes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
Yes W.W. 116. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Carrie Kirwan, 2818 Kildaire Drive

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

KIDNEY

ANTECEDENT CAUSES

(B) Coronary occlusion

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ May 12, 1953
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

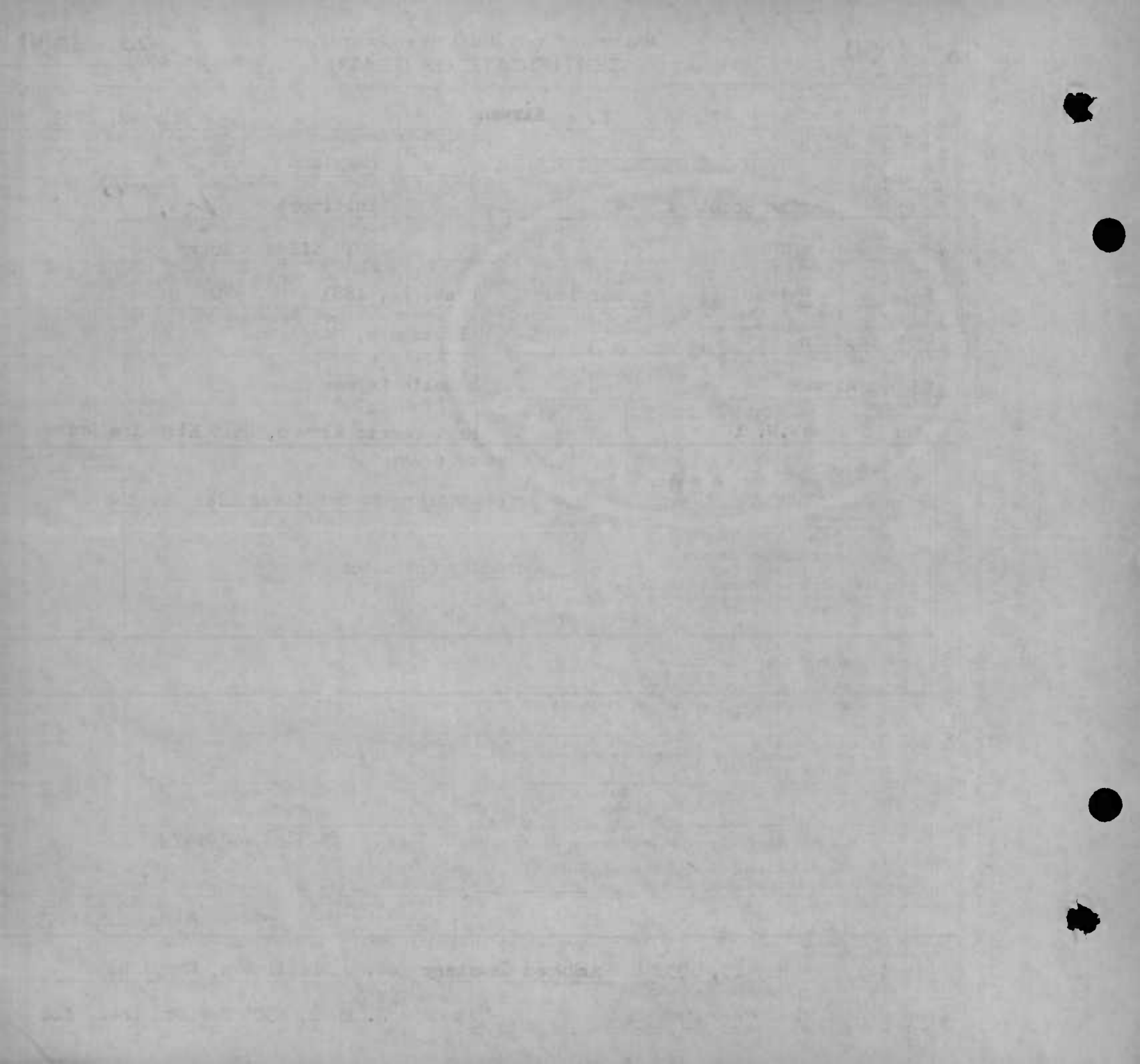
Leonard J. Ruek, 5305 Harford Road #14

VS 151

24055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-650
53 4551BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4551
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Jane Moran

2. DATE
OF
DEATH May 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4513 Valley View Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4513 Valley View Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 26, 1893

9. AGE (in years,
last birthday)

59

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Clark

14. MOTHER'S MAIDEN NAME

Susan Kendall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. James P. Moran, 4513 Valley View

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cancer of SB, liver
DUE TO

2 mos.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/14/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED cholelithiasisIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1952, to May 11, 1953, that I last saw the
deceased alive on May 11, 1953, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Severance

M. D.

23B. ADDRESS

1250 E. Baltimore

23C. DATE SIGNED

May 13, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 13 1953 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Tanenbaum
1250 E. North Avenue

~~6-7~~ 12-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520

3

4552

169989

CERTIFICATE AMENDED

5/23/53

PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53

4552

1. NAME OF DECEASED
(Type or Print)

Mary Schnke

2. DATE OF DEATH

5-12-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore Life

O. STREET ADDRESS (If rural, give location)
922 S. Conkling St-24

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
March 8, 1895

9. AGE (In years last birthday)
58

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done durlog most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Charles Busse

14. MOTHER'S MAIDEN NAME
Bertha Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
B. C. H. Records, 4940 Eastern Ave.

ADDRESS

18. 541.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
Cardiac Arrest
22 hrs.
DUE TO
ANTECEDENT CAUSES
Duodenal ulcer with obstruction
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
(C)

II
OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION
5-11-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
Cardiac Arrest

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEOICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-53, 19, to May 12, 1953 that I last saw the deceased alive on May 12, 1953, and that death occurred at 5.40AM., from the causes and on the date stated above.

23A. SIGNATURE
H. H. H. H. H.

23B. ADDRESS
4940 Eastern Ave.

23C. DATE SIGNED
5-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
5-15-53

24C. NAME OF CEMETERY OR CREMATORY
Sacred Heart Cm

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 13 1953

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
John C. Miller Inc. - 2431 E. Ohio St

ADDRESS

VS 150

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4553

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Edith N. Sheffer2. DATE
OF
DEATHMay 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

222 North Collington Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

222 North Collington Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 27, 1890

9. AGE (in years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

York Pa.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Topper

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

George E. Sheffer - 3311 Fleet St.18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic C.V. Disease

ANTECEDENT CAUSES

(B) DUE TO

Obesity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1933, to 5/12, 1953, that I last saw the deceased alive on 5/12, 1953, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial5-16-53Baltimore Cem.North Ave. - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 13 1953Huntington Williams, John C. Miller Inc. - 2431 E. Ohio St.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4554

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Joseph Dryden Hess2. DATE
OF
DEATH5/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE Maryland

B. COUNTY

before admission

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION1826 North Milton Ave.C. CITY OR TOWN (If outside corporate limits, write LOCAL and give
township)Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1826 North Milton Avenue

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Dec. 18, 18719. AGE (In years
last birthday)81If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Retired - Mail Clerk10B. KIND OF BUSINESS OR
INDUSTRYPost Office Dept.

11. BIRTHPLACE (State or foreign country)

Cabfields West Va.12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

Joseph T. Hess

14. MOTHER'S MAIDEN NAME

Agnes Dryden15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.577-34-343

17. INFORMANT

Carrie C. Hess - 1826 N. Milton Ave.

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH1/2 hr.5 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1942, to May 10, 1953, that I last saw the
deceased alive on March, 1953, and that death occurred at 9:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Donald L. Ralston

23B. ADDRESS

3128 Harford Rd.

23C. DATE SIGNED

5/12/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5-14-53

24C. NAME OF CEMETERY OR CREMATORY

Pipe Creek Cem.

24D. LOCATION (City, town, or county)

New Windsor Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Miller Inc. - 2431 E. Olive St.

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4555
Registered No.

53 4555
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robert C. Compton</i>			2. DATE OF DEATH <i>5-12-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3712 5th St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2504</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3712 5th St.</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>N.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>10-13-79</i>	9. AGE (in years, last birthday) <i>73</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electric</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>WALSHOUSE</i>	11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>VINCENT</i>			14. MOTHER'S MAIDEN NAME <i>SARAH Williams</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>FAMILY - SAME</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Arteriosclerosis</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Myocardial infarct</i>	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb.</i> , 19 <i>53</i> , to <i>May</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-12</i> , 19 <i>53</i> , and that death occurred at <i>820</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Eugene Schaefer</i>		23B. ADDRESS <i>3904 S. Hanover St.</i>		23C. DATE SIGNED <i>5-13-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>5-17-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oakwood</i>	
24D. LOCATION (City, town, or county) (State) <i>MT. VERNON, ILL.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams</i>		24F. ADDRESS <i>3905 130 E. FULTON</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS	

STATE OF TEXAS
COUNTY OF DALLAS

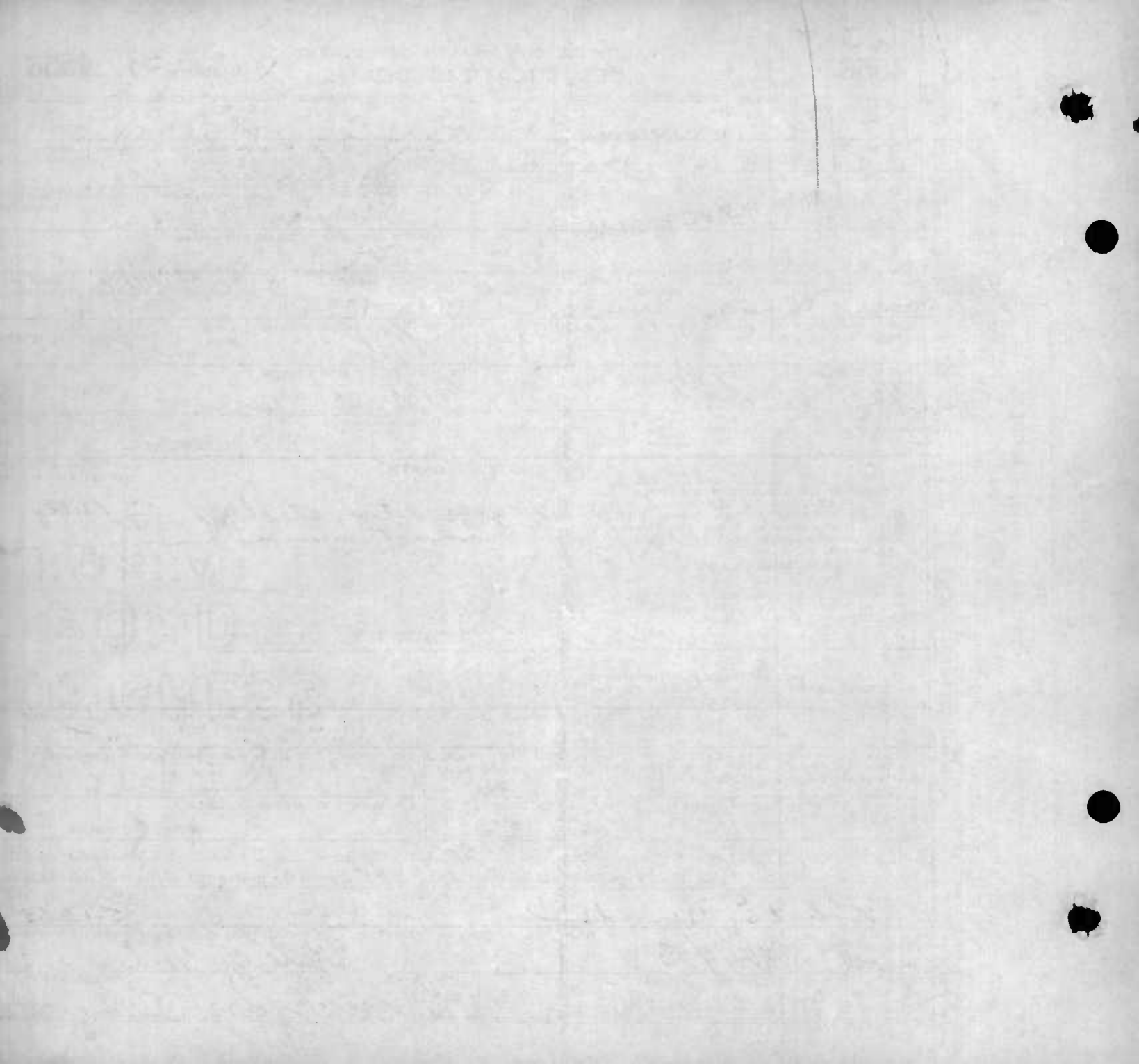
1913



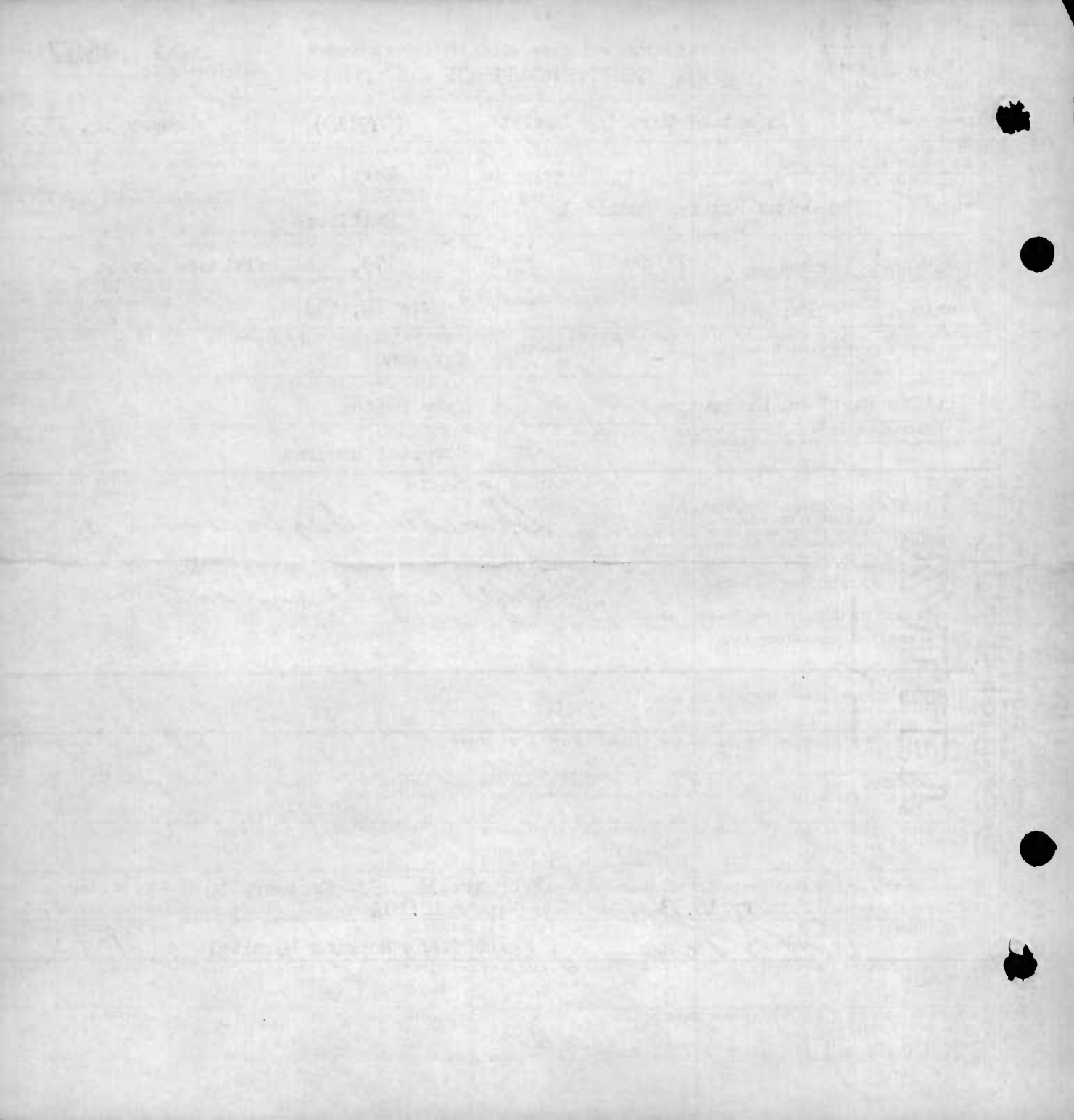
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 654 53 4556		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 4556	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Thurman Arnold</i>			2. DATE OF DEATH <i>May 13, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St Lot. 3 W</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>N. Carolina</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Esaner V-30</i>		
c. Length of stay in Baltimore Yrs. <i>2</i> Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Rt 1</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>10-8-1939</i>	9. AGE (In years, last birthday) <i>13</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>N.C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Otha Arnold</i>			14. MOTHER'S MAIDEN NAME <i>Mamie Cain</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>myocarditis, etiology undetermined</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION <i>5-11-53</i>		19B. CONOITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-11-53</i> to <i>5-13-53</i> , 1953 that I last saw the deceased alive on <i>5-13-53</i> and that death occurred at <i>3:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Herndon</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5-13-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24B. DATE <i>May 13/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Raleigh N.C.</i>	
24D. LOCATION (City, town, or county) (State) <i>2024</i>		25. FUNERAL DIRECTOR <i>Philip Herwig Sons</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		ADDRESS <i>Orleans St</i>	



BALTIMORE CITY HEALTH DEPARTMENT				53 4557	
BIRTH NO. 13-06255				CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Infant of Mary Lou Hazlett			2. DATE OF DEATH February 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05		
c. Length of stay in Baltimore Infant			D. STREET ADDRESS (If rural, give location) 1734 East Baltimore Street - 31		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH February 14, 1953	9. AGE (In years last birthday)	10. Under 1 Year Months: 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY -			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Harrison Hazlett			14. MOTHER'S MAIDEN NAME Mary Postom		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Records			ADDRESS		
18. 761.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Shweder dystocia DUE TO Large sized infant DUE TO Large sized infant DUE TO			INTERVAL BETWEEN ONSET AND DEATH 36 hrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 14, 1953 , to February 16, 1953 that I last saw the deceased alive on February 16, 53 and that death occurred at 10:10 A. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]			23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 2/20/53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		(State)			
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR [Signature]	
ADDRESS					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4558
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WM. HARRY GIDEON, Sr.

2. DATE
OF
DEATH

13 May 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
817 St. Paul

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6 May 1877

9. AGE (In years
last birthday)

76

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Vice Chairman-Board

10B. KIND OF BUSINESS OR
INDUSTRY

Union Trust Co.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Gideon

14. MOTHER'S MAIDEN NAME

Dorothea Eppinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. G. Gideon-St. Margaret's, Md.

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary occlusion

DUE TO

II

(C)

Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(D)

Polycystic Kidney

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 April, 1953 to 13 May, 1953 that I last saw the
deceased alive on 13 May, 1953, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Mrs. A.E. Mosley

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

13 May 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/13/53

24C. NAME OF CEMETERY OR CREMATORY

Spring Hill Cem.

24D. LOCATION (City, town, or county) (State)

Huntingdon, W. Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntingdon, W. Va.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Batts 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1953

103

UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF DELIVERY

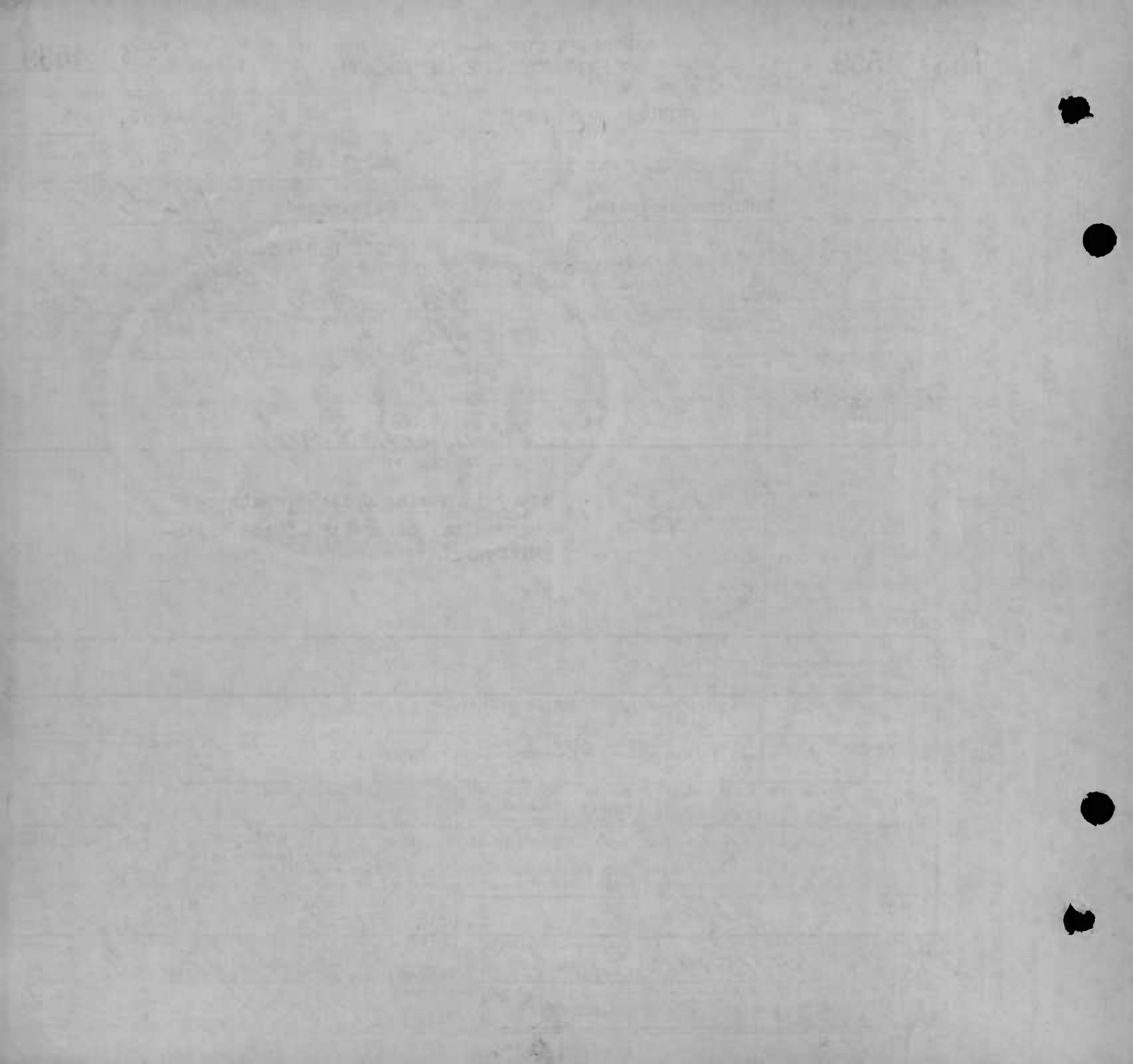
103



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

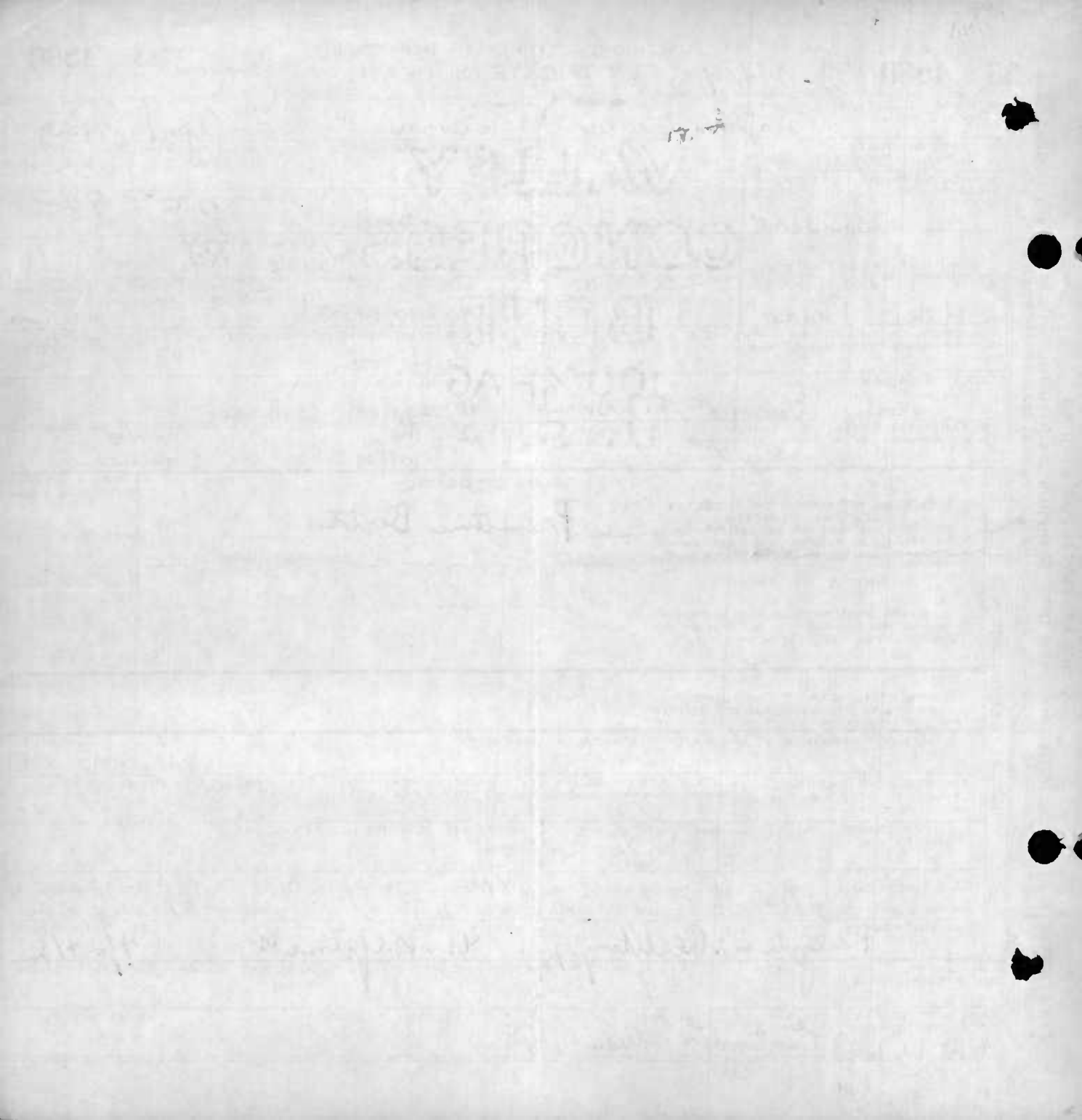
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 4559	
BIRTH NO. 5-530 4559 52-23256				CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) RICHARD SMITH			2. DATE OF DEATH May 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1212 Dukeland St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Nov. 1952	9. AGE (in years last birthday) 6	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME EUGENE SMITH			14. MOTHER'S MAIDEN NAME H. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Walter Smith	
18. 753.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia during epileptic attack DUE TO Congenital deformity of the brain-Microgyria ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. K. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED May 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/15/1953		24C. NAME OF CEMETERY OR CREMATORY Lincoln Memorial in Washington D. C.	
24D. LOCATION (City, town, or county) (State) D. C.		25. FUNERAL DIRECTOR Mrs. Kates R. Williams		ADDRESS 322 N. ...	
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4560**M-235
53 4560 53-08489

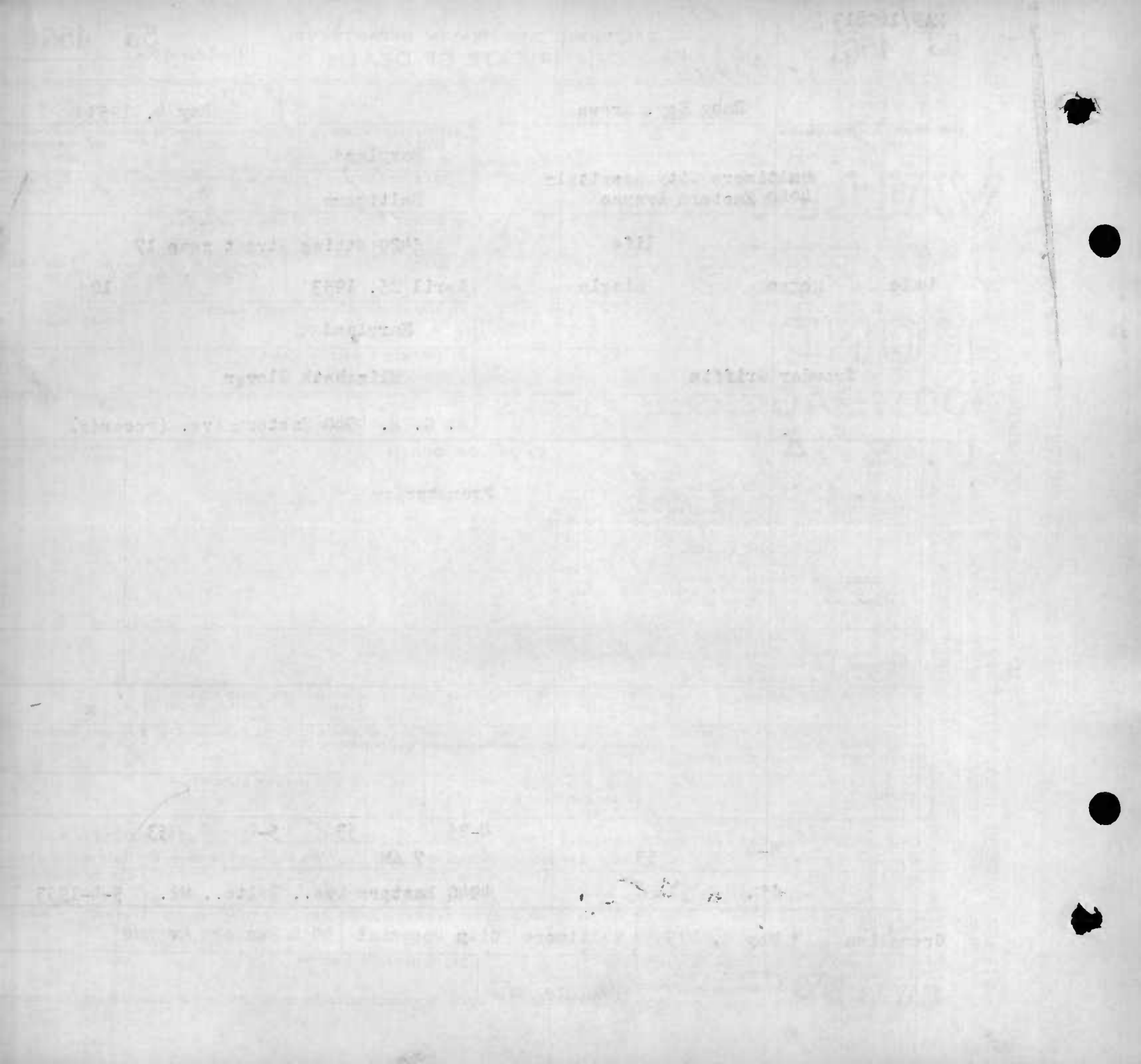
1. NAME OF DECEASED (Type or Print) Jentry Eugene McDonald II			2. DATE OF DEATH April 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY X		
B. FULL NAME OF HOSPITAL OR INSTITUTION President Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Balto. 25-37		
c. Length of stay in Baltimore 3 hrs - 20 min			D. STREET ADDRESS (If rural, give location) 2600 Round Rd.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 10, 1953	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto, md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jentry Eugene McDonald			14. MOTHER'S MAIDEN NAME Margaret Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mother		ADDRESS Same
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Premature Birth CAUSE OF DEATH (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4/10 , 19 53 , to 4/10 , 19 53 , that I last saw the deceased alive on 4/10 , 19 53 and that death occurred at 11:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Ralph W. Beckwith			23B. ADDRESS 1111 N. Gilmor St.		23C. DATE SIGNED 4/24/53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Hope Cemetery		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 4555	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

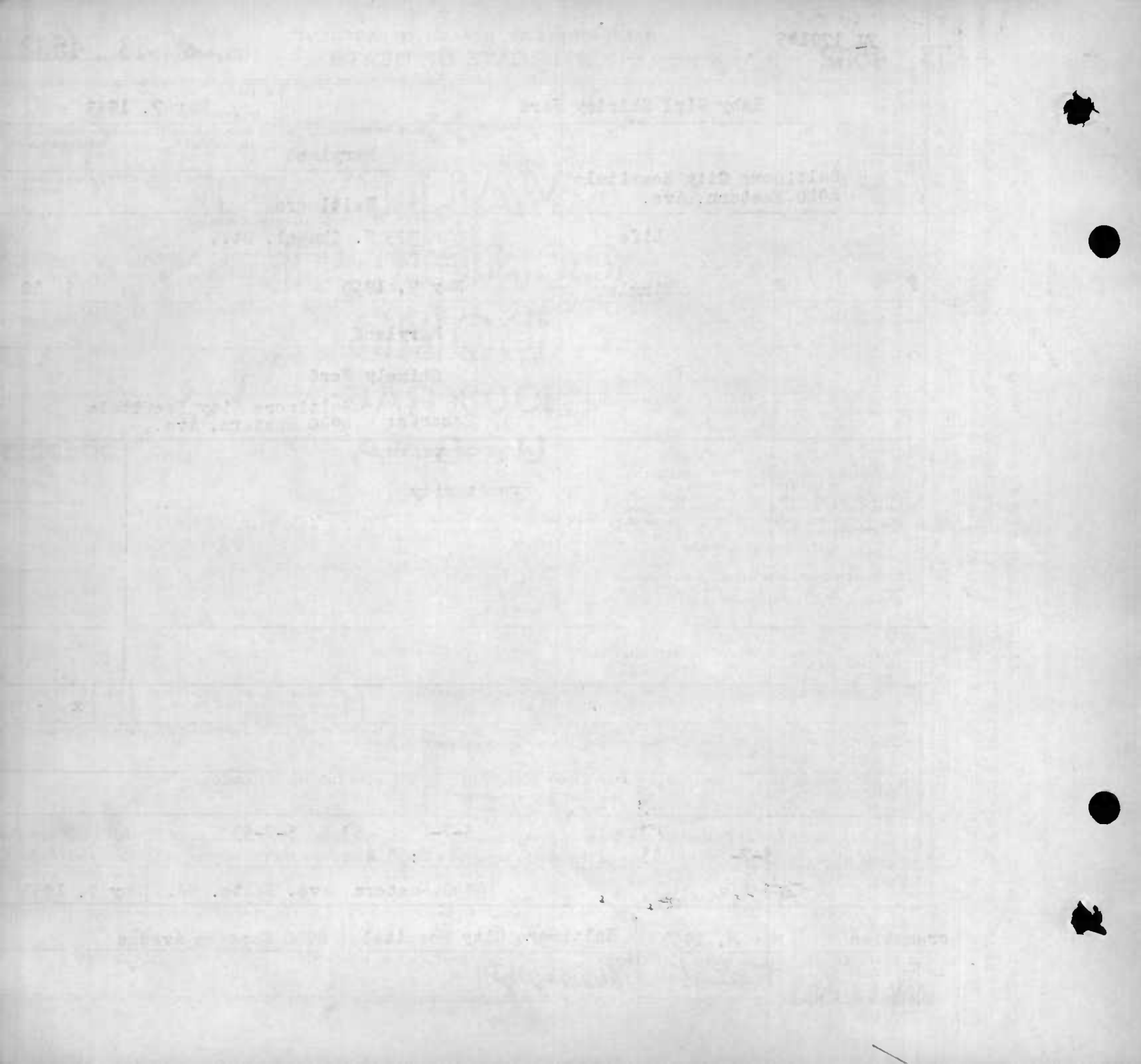
MAF/169813 B-650		BALTIMORE CITY HEALTH DEPARTMENT		53 4561	
53 4561		3-096/2		Registered No. 53 4561	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Baby Boy, Brown		May 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		13-03	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2420 Etting Street zone 17			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 25, 1953	9. AGE (In years, last birthday) 10	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Crowder Griffin		14. MOTHER'S MAIDEN NAME Elizabeth Glover		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Prematurity DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-25, 1953, to 5-4, 1953, that I last saw the deceased alive on 5-4, 1953, and that death occurred at 7 AM m., from the causes and on the date stated above.					
23A. SIGNATURE H. John Doe		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 5-4-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE May 8, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital	
24D. LOCATION (City, town, or county) 4940 Eastern Avenue		24E. LOCATION (City, town, or county) 4940 Eastern Avenue		24F. LOCATION (City, town, or county) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-630 FI 170145 53 4562 53-10392		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No 53 4562	
1. NAME OF DECEASED (Type or Print) Baby Girl Shirley Ford			2. DATE OF DEATH May 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern, Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1323 N. Chapel, St.,					
c. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 7, 1953	9. AGE (In years last birthday) 5 10 10
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME Shirely Ford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern, Ave.,	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5-7- , 19 53 , to 5-7-53 , 19 53 , that I last saw the deceased alive on 5-7- , 19 53 , and that death occurred at 8:55 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern, Ave. Balto. Md.		23C. DATE SIGNED May 7, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE May 8, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 560	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4563	53 4563 Registered No.
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) THOMAS			2. DATE OF DEATH May 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 30YRS.			D. STREET ADDRESS (If rural, give location) 2551 Woodbrook Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/20/1899	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JOBBER			10B. KIND OF BUSINESS OR INDUSTRY CONTRACTOR		
13. FATHER'S NAME GEORGE JOHNSON			14. MOTHER'S MAIDEN NAME ADA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 219-03-6296		
17. INFORMANT ANNIE JOHNSON (W)			ADDRESS 2551 WOODBROOK AV.		
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/14/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR Charles G. Goff			
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 29068 512 Conwellton Ave.	

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WASHINGTON, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-635
53 4564BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4564

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Harry E. Hartman		2. DATE OF DEATH May 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 224 N. Greene Street		D. STREET ADDRESS (If rural, give location) 224 N. Greene Street		4-02	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 1885		9. AGE (In years last birthday) 68	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) handyman		10B. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) New Jersey	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME Mary Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. William Forster, 224 N. Greene Street	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crebral Hemorrhage DUE TO Hypertensive Cardiac-Vascular Disease DUE TO ?		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from April 15 , 1953, to May 11 , 1953 that I last saw the deceased alive on May 11 , 1953, and that death occurred at 6 A m., from the causes and on the date stated above			
23A. SIGNATURE Henry Glassman M. O.		23B. ADDRESS 2687 McKens Ave		23C. DATE SIGNED May 13 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/14/53		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Wm Cook		ADDRESS 1217 St. Paul Street			

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G-416

53 4565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4565

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSA H. GILBERT

2. DATE
OF
DEATH

May 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2820 Loch Raven Blvd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

December 11, 1897

9. AGE (In years, last birthday)

55

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

W. F. Huse

14. MOTHER'S MAIDEN NAME

Emma Elizabeth Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Paul R. Gilbert, 2820 Loch Raven Road

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

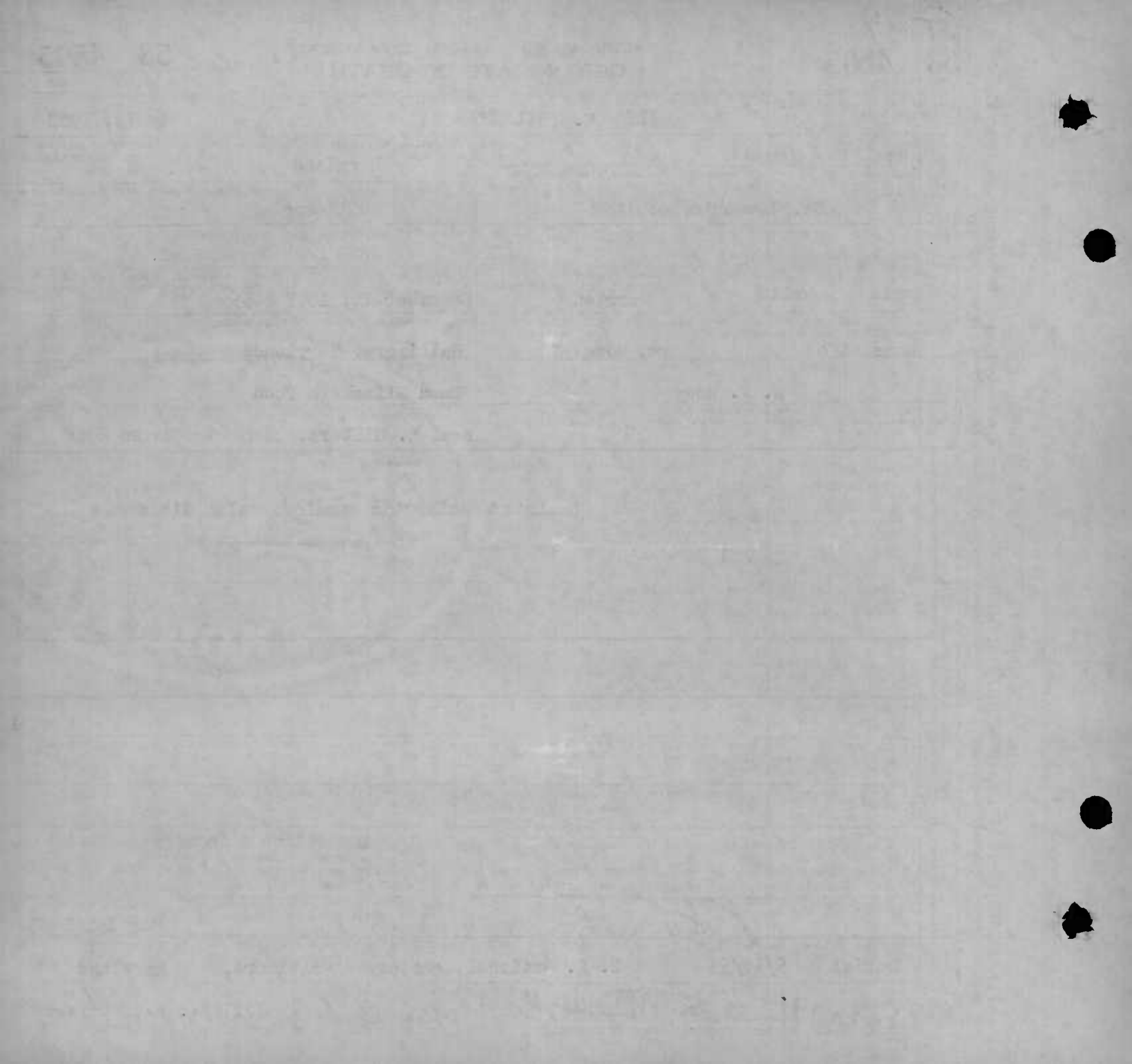
ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4566

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HYMAN SIDGEL		2. DATE OF DEATH May 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore ? Life		D. STREET ADDRESS (If rural, give location) 3809 Boarman Avenue			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 8, 1895	9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		10B. KIND OF BUSINESS OR INDUSTRY Balto. City Police		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Max Siegel		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Anna Myerhof	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 541.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Pancreatitis, acute, followed by digestion and perforation of duodenal stump DUE TO (B) Postoperative status, subtotal gastrectomy (5/1/53) DUE TO (C) Nephrosis, mild		INTERVAL BETWEEN ONSET AND DEATH 10 days 8 days	
19A. DATE OF OPERATION 5/1/53		19B. MAJOR FINDINGS OF OPERATION Duodenal ulcer		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 25 19 53 , to May 13 , 19 53 that I last saw the deceased alive on May 13 19 53 and that death occurred at 2:10A m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 5/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE May 14, 1953		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 14, 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl.	

CERTIFICATE OF DEATH
CITY OF NEW YORK

1. Name of Deceased	2. Sex	3. Race	4. Date of Birth	5. Date of Death
6. Place of Birth	7. Usual Residence	8. Cause of Death	9. Manner of Death	10. Signature of Physician
11. Signature of Registrar	12. Signature of Medical Examiner	13. Signature of Coroner	14. Signature of Police Officer	15. Signature of Burial Officer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4567

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Fannie Solloed2. DATE
OF
DEATH 5/13/533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Sinai Hospital of Baltimore, Inc.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township 15-12

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
2334 Druid Park Dr. #155. SEX F6. COLOR OR RACE W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) M8. DATE OF BIRTH 10/15/969. AGE (in years
last birthday) 5611 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)House Work10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Austria12. CITIZEN OF
WHAT COUNTRY? U.S.A.13. FATHER'S NAME
Emel Morganstein14. MOTHER'S MAIDEN NAME
Lena15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT'S ADDRESS
Harry N. Solloed - 2334 Druid Park Dr.18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial rupture

DUE TO

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Coronary thrombosis & infarction

DUE TO

(C) Arteriosclerotic CardiovascularsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5/, 1953 to 5/13, 1953 that I last saw the
deceased alive on 8:50 A.M. 5/5/53 and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

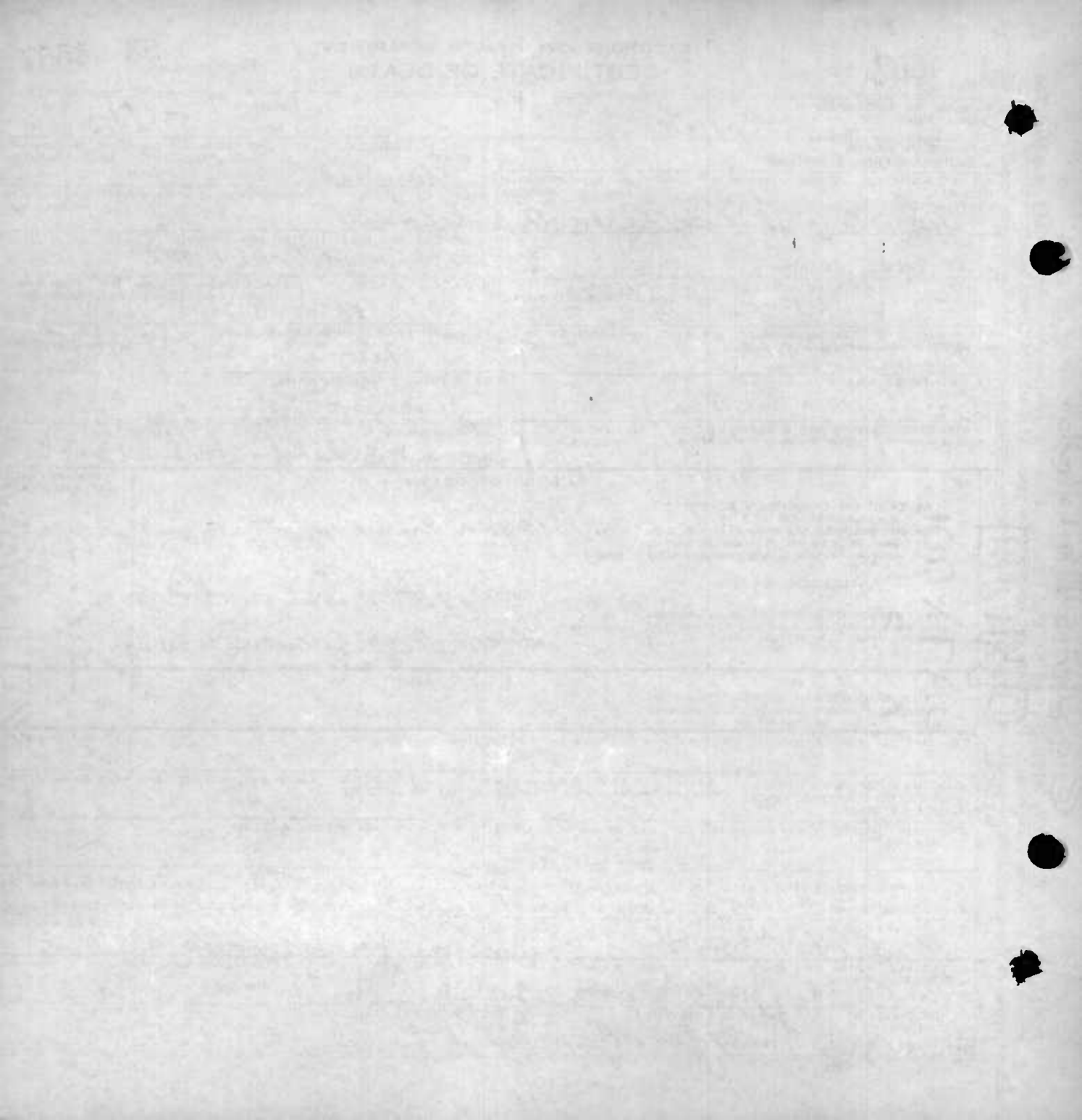
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

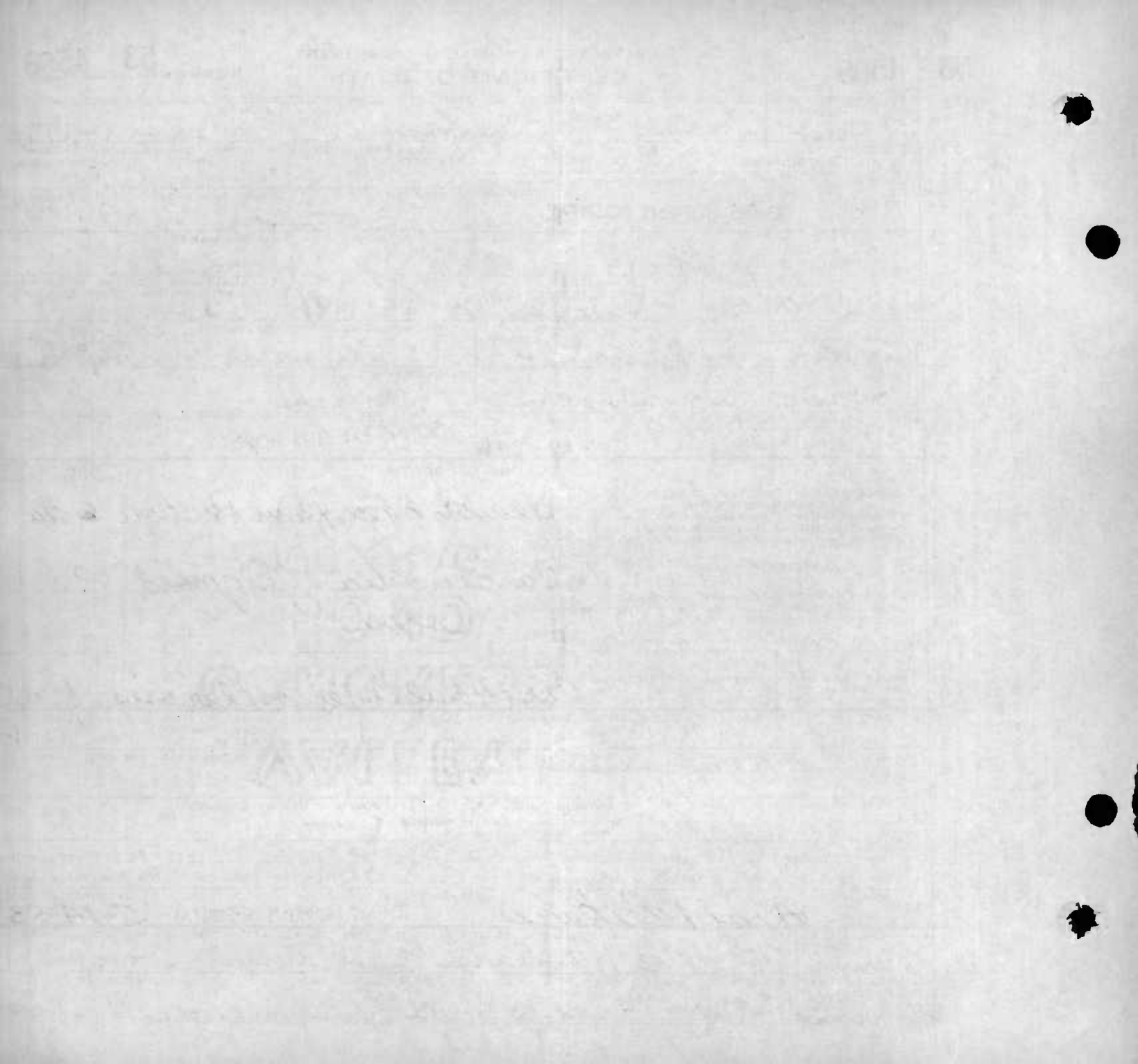
VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-565		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 4568	
53 4568		CERTIFICATE OF DEATH			
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Jacob or Jakob Zimmerman</i>		2. DATE OF DEATH <i>May 14 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Osleb</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Ind.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3-01</i>			
c. Length of stay in Baltimore <i>50 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>318 Spring Ct.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-25-1891</i>	9. AGE (In years, last birthday) <i>62</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Plumber</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Isaac Zimmerman</i>		14. MOTHER'S MAIDEN NAME <i>Rachel</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>218-09-8346</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>153X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hemorrhage from Rectoria 6da</i>			
ANTECEDENT CAUSES		(B) <i>Carcinoma of Sigmoid ?</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Colon</i>			
II		OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Cerebral Arteriosclerosis years</i>	
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-11</i> 19 <i>53</i> to <i>5-14</i> , 1953, that I last saw the deceased alive on <i>5-14</i> , 1953 and that death occurred at <i>2:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David L. L. L.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5-14-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 10/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Hew Rodale</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Hamilton ave</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 14 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston W. Williams</i>		25. FUNERAL DIRECTOR <i>Sol Lewinson</i>	
VS 150		ADDRESS <i>Bus North ave</i>		57424	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4569**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**IRENE PROCTOR**2. DATE
OF
DEATH**May 12, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1035 Argyle Ave**Maryland**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1035 Argyle Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 20, 1901

9. AGE (in years last birthday)

51

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Proctor

14. MOTHER'S MAIDEN NAME

Maggie Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

M's Maggie Taylor 1035 Argyle Ave1B. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage**1 wk**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerosis**1 yr.**

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **4-25-1953** to **5-12-53**, that I last saw the deceased alive on **5-12-53** and that death occurred at **7:50 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**5-15-53****Mt. Auburn Cem****Baltimore,****Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 14 1953**Thurston Williams, M.D.****St. Lawrence C. Henley****578 W. Biddle St.**

13 1500

MAY 12, 1901

RECEIVED

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 4570

BIRTH NO. 53 4570

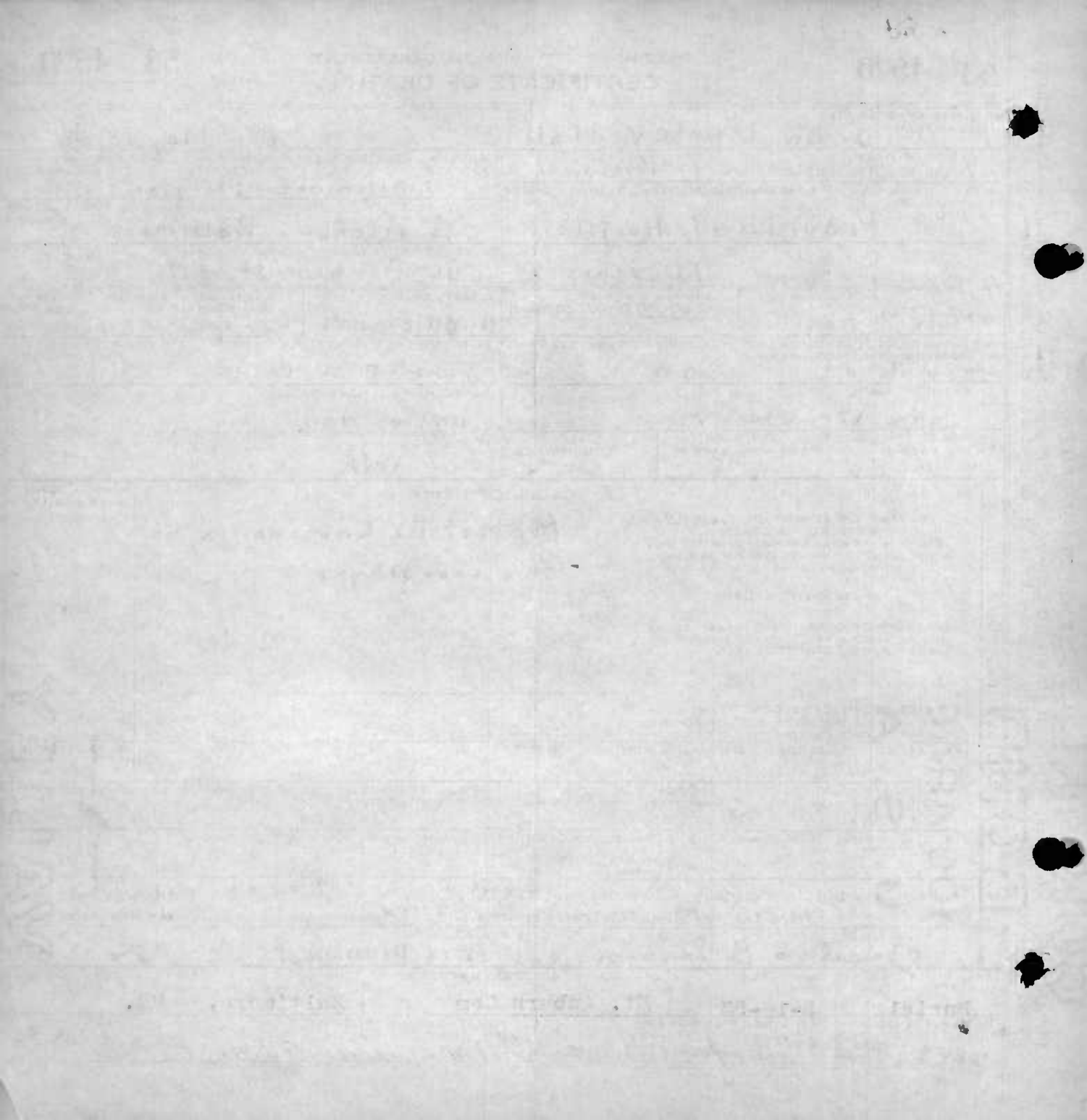
1. NAME OF DECEASED (Type or Print) John Wesley Hall			2. DATE OF DEATH May 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1514 Division St.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Baltimore, Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 70 years			D. STREET ADDRESS (If rural, give location) 646 Pitcher St. 14-02		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH August 10, 1889	9. AGE (In years last birthday) 73 yrs.	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Fork Ct. W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Stronze			14. MOTHER'S MAIDEN NAME Minnie Hall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Himself		
			ADDRESS		

<p>18. 150X</p> <p>I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">CAUSE OF DEATH</p> <p align="center">Metastatic Carcinoma of</p> <p align="center">THE COLON</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>(A) DUE TO</p> <p>(B) DUE TO</p> <p>(C)</p>
--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 4, 1953 , to May 13, 1953 , that I last saw the deceased alive on May 12, 1953 , and that death occurred at 2:55 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Quasmo B. Legaspi M.D.		23B. ADDRESS 1514 Division St.		23C. DATE SIGNED 5-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-16-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Mr. Francis A. Henrich	
				ADDRESS 578 W. Biddle St.	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4571

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Carpenter

2. DATE
OF
DEATH

5/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home + Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Ind.

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Spawna Point 5300

D. STREET ADDRESS (If rural, give location)

1261 Buckwood Rd.

c. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/26/98

9. AGE (in years
last birthday)

54

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. Carpenter Const.

14. MOTHER'S MAIDEN NAME

Julie Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WW I

16. SOCIAL SECURITY NO.

216-10-5158

17. INFORMANT

ADDRESS

Hospital chart.

18. 578 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

14 da.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition due to jejunal fistula.

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ruptured appendix with peritonitis & abscess formation.

DOE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/29/53

19B. MAJOR FINDINGS OF OPERATION

Intestinal fistula

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/30, 1953 to 5/13, 1953, that I last saw the deceased alive on 5/13, 1953, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur F. Woodward

M. O.

23B. ADDRESS

Church Home + Hospital

23C. DATE SIGNED

5/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

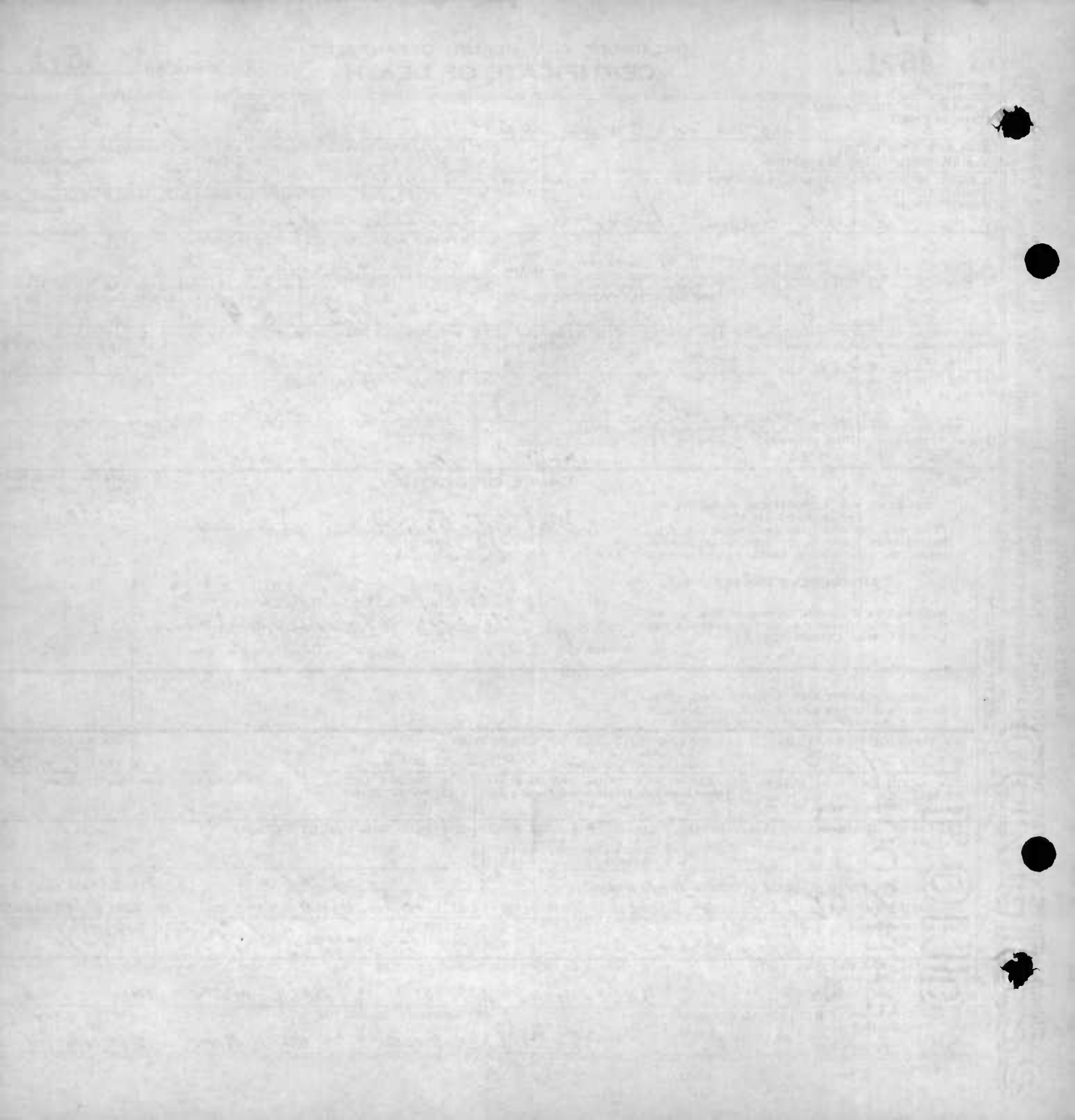
Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ULLRICH FUNERAL HOME

ADDRESS 2112

DUNDICK AV



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 4572

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Floyd Barton

2. DATE
OF
DEATH

5/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Church Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4 Bay Ship Rd. 5353

C. Length of stay in Baltimore

12 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/19/01

9. AGE (In years last birthday)

52

10. Under 1 Year

Months

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sta. Engineer

10B. KIND OF BUSINESS OR INDUSTRY

CITY HOSPITALS

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Barton

14. MOTHER'S MAIDEN NAME

Edna Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

227-09-7646

17. INFORMANT

ADDRESS

Hospital chart

18. 193X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Glioma of Brain

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/12/53

19B. MAJOR FINDINGS OF OPERATION

Glioma 2 Left Frontal Lobe.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1953, to 5/13, 1953, that I last saw the deceased alive on 5/13, 1953, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur F. Woodward

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

5/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

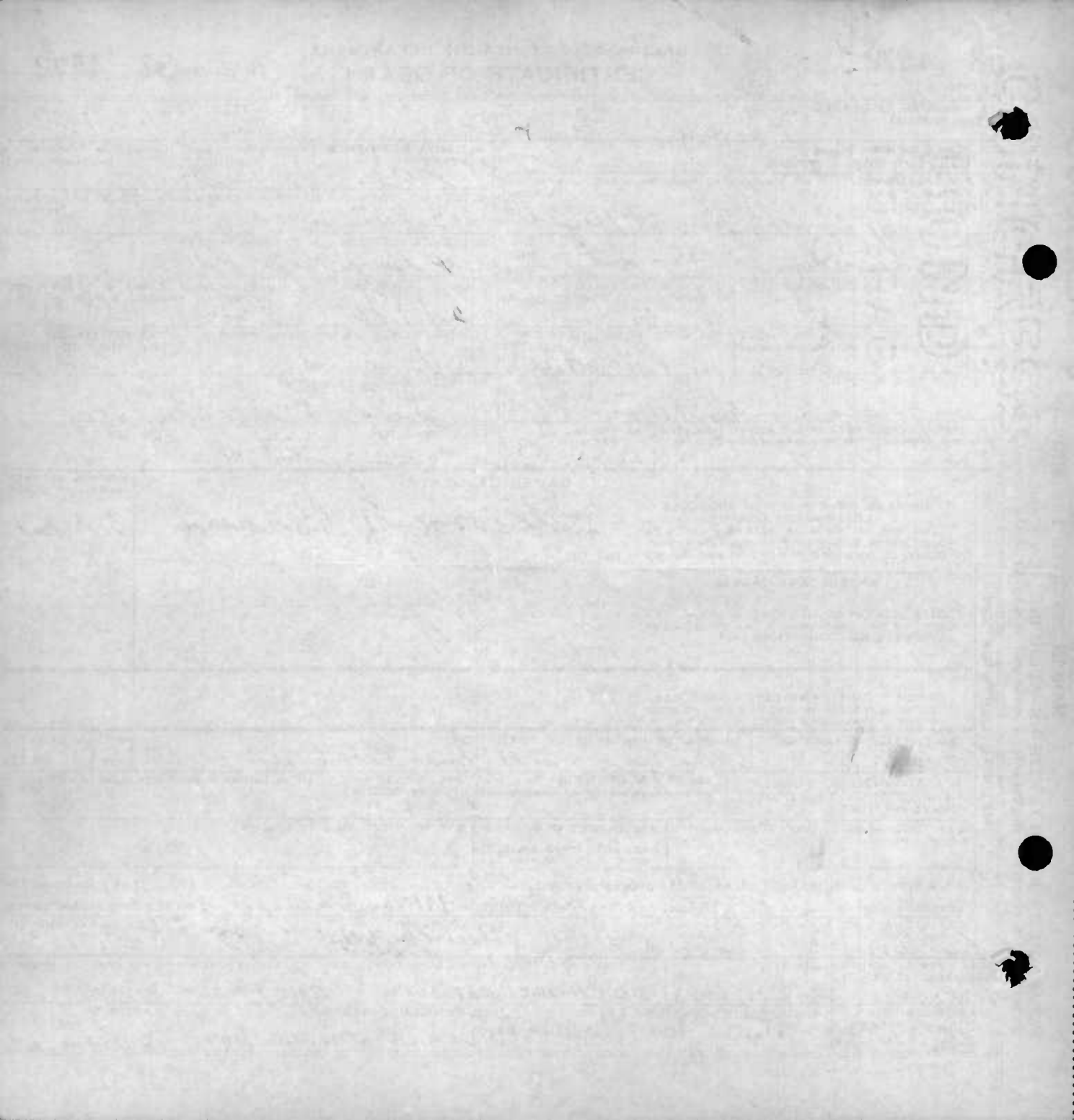
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ULLRICH FUNERAL HOME

ADDRESS

2112 DUNDALK AV



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

4573

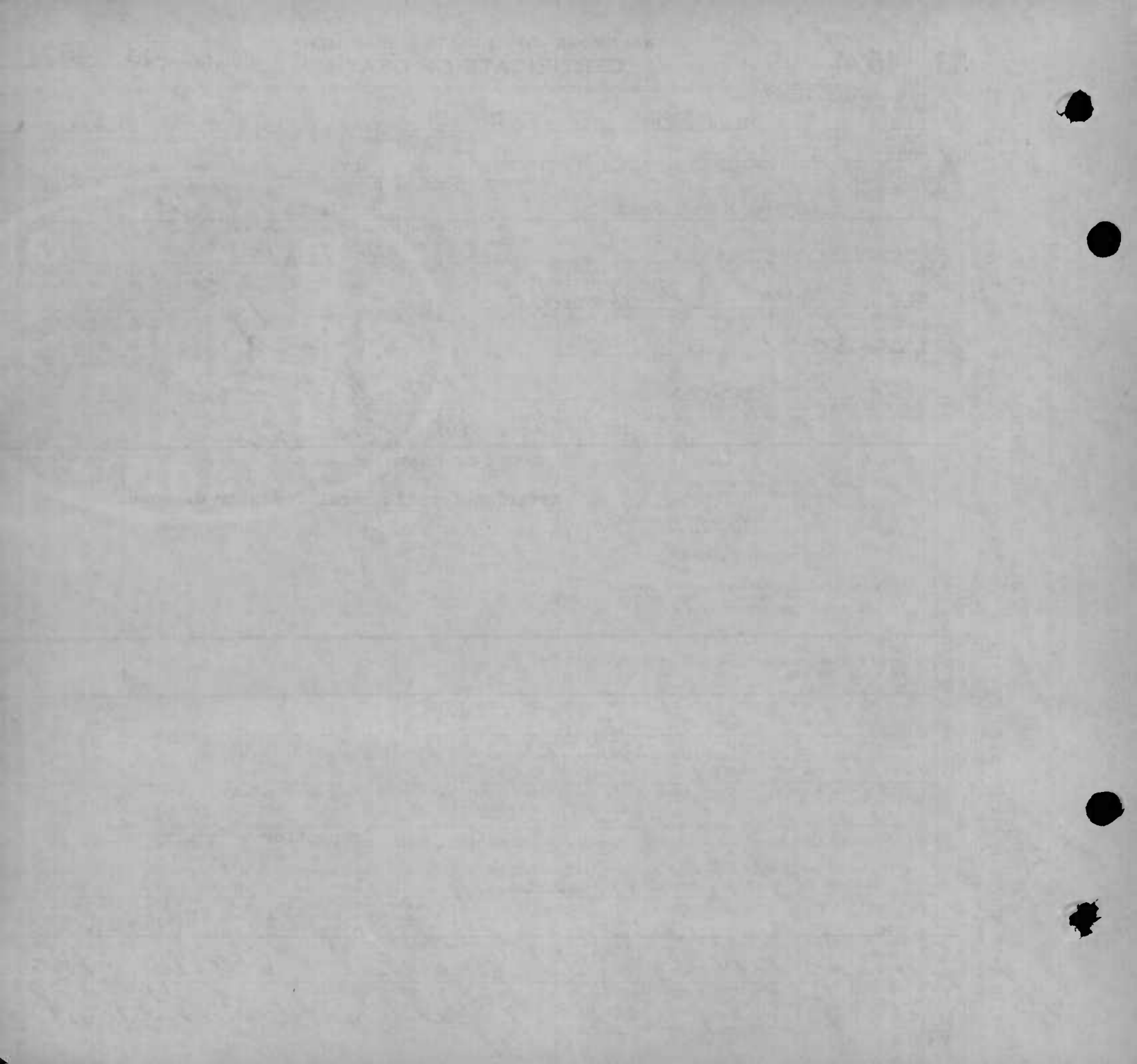
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4573
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Sister Mary Rose Michaela</i>		2. DATE OF DEATH <i>May 12, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>501 E Chase St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i>		B. COUNTY <i>10-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis Courant</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>501 E. Chase St.</i>	
c. Length of stay in Baltimore <i>22 yrs.</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Nov. 4, 1877</i>		9. AGE (In years, last birthday) <i>76</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Religious</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Peoria, Ill.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mother M. Thomas</i> ADDRESS	
18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Hypertensive Gangrene</i> DUE TO <i>Pulmonary Edema</i> (B) <i>Fluorid with effusion</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs</i> <i>2 days</i> <i>900 mts.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 12th</i> , 1953, to <i>May 12th</i> , 1953, that I last saw the deceased alive on <i>May 12th</i> , 1953, and that death occurred at <i>7 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. A. Chataud</i>		23B. ADDRESS <i>15 E. Piddle St</i>		23C. DATE SIGNED <i>May 14/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 15/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Fredrick Co.</i>		25. FUNERAL DIRECTOR <i>Mrs. Cath. J. Ellis & Daughter</i>		ADDRESS <i>1129 N. Caroline St</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4574	
1. NAME OF DECEASED (Type or Print)			JOSEPH RUBINSTEIN		2. DATE OF DEATH May 13, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4603 Pall Mall Road			C. CITY OR TOWN (If outside corporate limits, write full name and township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4603 Pall Mall Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 78	9. AGE (in years last birthday) 78	# Under 1 Year Months Days # Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Max Rubinstein ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) (C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-14-53		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) Baltimore, Md		24E. DATE RECEIVED BY LOCAL REGISTRAR May 14 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR [Signature]		24H. ADDRESS 2100 Centenary Pl		24I. V S 151	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-532 53 4575 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No 53 4575	
1. NAME OF DECEASED (Type or Print) SENTZ, William A.			2. DATE OF DEATH 5/13/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1131 Ingleside Ave 5352		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 21, 1873	9. AGE (in years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder (Carpenter)		10B. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME JAMES SENTZ			12. CITIZEN OF WHAT COUNTRY? ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT REV JAMES K. SENTZ, PEUNSWICK, FLA.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) I			CAUSE OF DEATH (A) Increased intracranial pressure DUE TO (B) Intra cerebral hemorrhage DUE TO (C) ?		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH few days few days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/12 , 19 53 , to 5/13 , 19 53 , that I last saw the deceased alive on 5/13 , 19 53 , and that death occurred at 5:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE John O. Sharrett			23B. ADDRESS University Hosp.		23C. DATE SIGNED 5/13/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-15-53	24C. NAME OF CEMETERY OR CREMATORY PINE GROVE		24D. LOCATION (City, town, or county) (State) MT. AIRY, Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mildred J. Blight ADDRESS 8009 Harford Rd	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4576**1. NAME OF DECEASED
(Type or Print) **Gwynne Lee Gill**2. DATE OF DEATH **5/13/53**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **Md.** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Franklin Square Hosp**C. CITY OR TOWN (If outside corporate limits, write full R.A., and give township)
Baltimore 28-07

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
2812 Silver Hill Ave5. SEX **F**6. COLOR OR RACE **W**7. ☒ SINGLE ☐ MARRIED, ☐ WIDOWED, ☐ DIVORCED (Specify)8. DATE OF BIRTH **5/5/1940**9. AGE (In years last birthday) **13**

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
School girl

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Robert L. Gill14. MOTHER'S MAIDEN NAME **COOK**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
MotherADDRESS
2812 Silver Hill Ave Md.18. **158X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO **Exhaustible shock**

(A)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO **Hemorrhage and reflex stimulation**

(B)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) **Operative removal of retroperitoneal sarcoma**

(C)

19A. DATE OF OPERATION **5/13/53**19B. MAJOR FINDINGS OF OPERATION
Retracted sarcoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/27**, 19**53** to **5/13**, 19**53**, that I last saw the deceased alive on **5/13**, 19**53** and that death occurred at **1:00** p.m., from the causes and on the date stated above.23A. SIGNATURE
R. S. Chambers23B. ADDRESS
Franklin Square Hosp23C. DATE SIGNED
5/13/5324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
5/16/5324C. NAME OF CEMETERY OR CREMATORY
Lorraine Cem.24D. LOCATION (City, town, or county) (State)
Woodlawn, Md.DATE RECEIVED BY LOCAL REGISTRAR
MAY 14 1953REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
J. Pickner & SonsADDRESS
Balto., Md.VS 150
Relayed by Med. Examiner Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200
53 4577BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4577

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			KATHRYN B. HOUCK			May 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md.					
B. FULL NAME OF HOSPITAL OR INSTITUTION 837 Evesham Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 837 Evesham Ave.					
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Apr. 30, 1872		9. AGE (In years last birthday) 81		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bennett Barnes			14. MOTHER'S MAIDEN NAME Hannah Wills			17. INFORMANT Mr. Halliday Houck - 837 Evesham Ave.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			ADDRESS		
18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Cardiac Failure (acute) DUE TO (B) Intestinal Obstruction DUE TO (C) Palsy (left side)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 9 th , 1953, to May 11, 1953 that I last saw the deceased alive on May 9, 1953, and that death occurred at 8:00 A. M., from the causes and on the date stated above.								
23A. SIGNATURE Mannel Godaro			23B. ADDRESS 4624 York Rd.			23C. DATE SIGNED May 12-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/14/53			24C. NAME OF CEMETERY OR CREMATORY Angel Hill Cem.		
24D. LOCATION (City, town, or county) (State) Havre de Grace, Md.			24E. NAME OF CEMETERY OR CREMATORY Angel Hill Cem.			24F. LOCATION (City, town, or county) (State) Havre de Grace, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. FUNERAL DIRECTOR J. J. Schauer & Sons Baltimore 17, Md.		

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322 UCBAW/BJS/STP

RECEIVED 10/10/2010

CERTIFICATE OF DEATH
SALT LAKE CITY HEALTH DEPARTMENT

1. NAME OF DECEASED [Name]		2. PLACE OF DEATH [Address]	
3. DATE OF DEATH [Date]		4. TIME OF DEATH [Time]	
5. SEX [Male/Female]		6. RACE [Race]	
7. AGE [Age]		8. MARITAL STATUS [Married/Single/etc.]	
9. OCCUPATION [Occupation]		10. CAUSE OF DEATH [Cause]	
11. PLACE OF BIRTH [City/State]		12. DATE OF BIRTH [Date]	
13. NAME OF PHYSICIAN [Name]		14. NAME OF HOSPITAL [Name]	
15. NAME OF FUNERAL HOME [Name]		16. NAME OF BURIAL PLACE [Name]	
17. NAME OF NEXT OF KIN [Name]		18. NAME OF WITNESS [Name]	
19. NAME OF REGISTRAR [Name]		20. NAME OF CLERK [Name]	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-425
53 4578

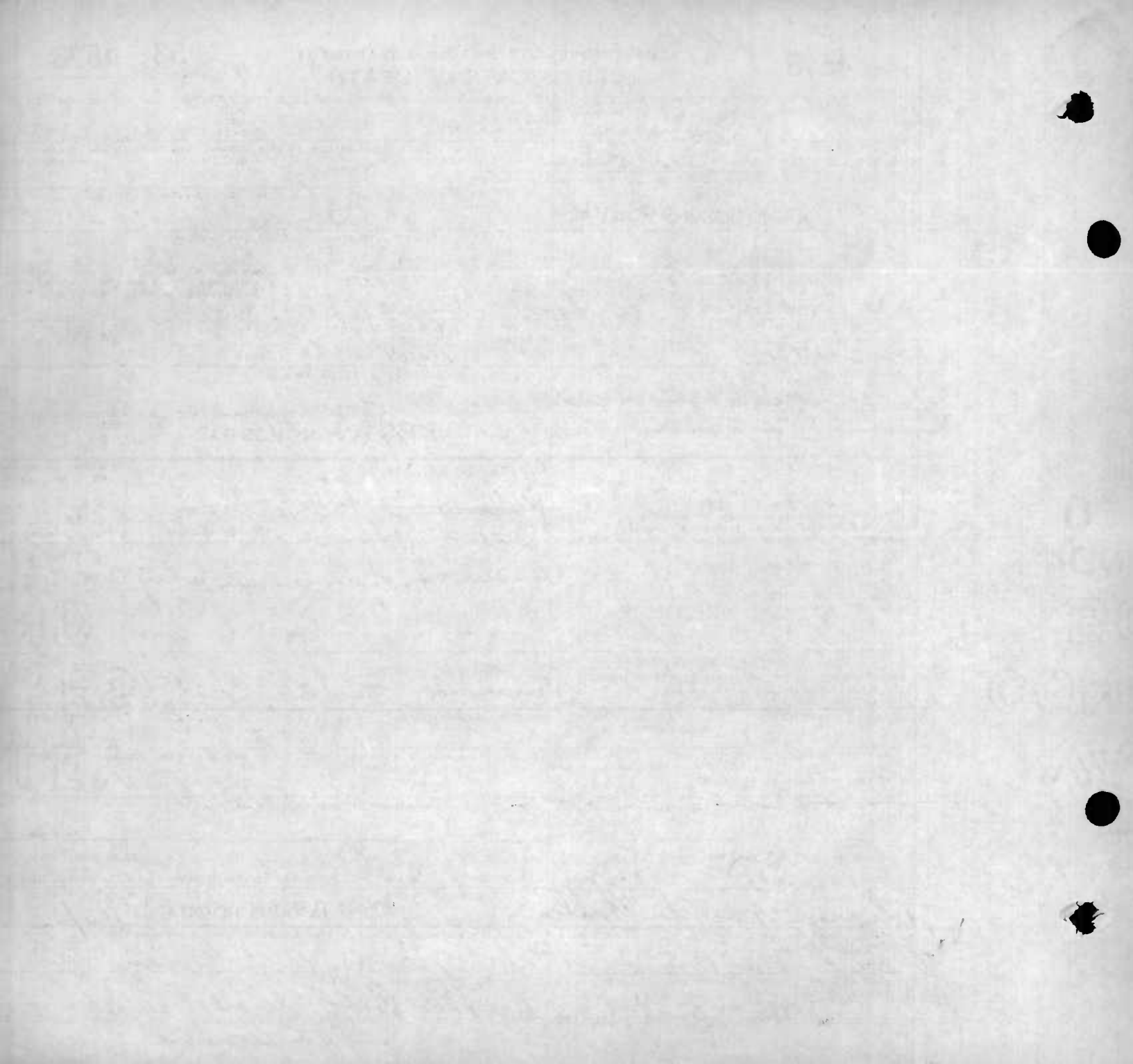
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4578

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ophelia Wilson</i>			2. DATE OF DEATH <i>May 12, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>See Room</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-02</i>		
C. Length of stay in Baltimore <i>23/99</i>			D. STREET ADDRESS (If rural, give location) <i>929 N. Gay St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 20 1887</i>	9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>New Kent Co. Va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>George Washington Scott</i>			14. MOTHER'S MAIDEN NAME <i>Melvinia</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS <input checked="" type="checkbox"/>		
18. <i>022X and 002X</i>			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <i>Pulmonary tuberculosis</i>		
ANTECEDENT CAUSES			DUE TO <i>Rupture of innominate artery</i> <i>Few hours</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) <i>Aneurysm of innominate artery</i> <i>Several days</i>		
DUE TO			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>Pulmonary tuberculosis</i> <i>Less than 1 year</i>		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>DOA</i> , 19 <i>53</i> to <i>DOA</i> , 19 <i>53</i> , and that death occurred at <i>6:20 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sharon Franklin Williams</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 16/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery A. A. County Md.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24E. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24F. FUNERAL DIRECTOR <i>Mrs. R. G. Elliott & Daughter</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>May 14 1953</i>		24H. ADDRESS <i>1124 N. Caroline St.</i>			

VS 150



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF/168673 <i>g-525</i>		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. <i>53</i> <i>4579</i>	
BIRTH NO. <i>53</i> <i>4579</i>		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>George Johnson</i>			2. DATE OF DEATH <i>May 13, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Baltimore City Hospitals</i> <i>4940 Eastern Avenue</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-01</i>		
C. Length of stay in Baltimore <i>35 yrs.</i> Yrs. <i>35</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>1016 N. Eden Street zone 5</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 4, 1888</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steel Worker Bethlehem Steel Co</i>			11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>George Johnson</i> <i>M, L</i>			14. MOTHER'S MAIDEN NAME <i>Lizzie Gray</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>B. C. H.</i>			ADDRESS <i>4940 Eastern Ave. (records)</i>		
18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Esophagus</i> DUE TO ANTECEDENT CAUSES <i>Bronchopneumonia</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>5-13</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>3-14</i> <i>1953</i> to <i>5-13</i> , <i>1953</i> , that I last saw the deceased alive on <i>5-13</i> , <i>1953</i> , and that death occurred at <i>7:40A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>H. George B...</i>		23B. ADDRESS <i>4940 Eastern Ave., Balto., Md.</i>		23C. DATE SIGNED <i>5-13-1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 16/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Aa County Md.</i>		25. FUNERAL DIRECTOR <i>Mrs. Robert G. Elliott's Daughter</i>		ADDRESS <i>11297. Caroline St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Harrison, M.D.</i>		VS 150	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-254
53 4580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William Stamoulis

2. DATE OF DEATH 5-11-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Aldrige Nursing Home
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Benges Md -
D. STREET ADDRESS (If rural, give location) Route 14 - 90 - 810 5200

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Balto. B. COUNTY Conty

5. SEX M. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH unknown 9. AGE (In years, last birthday) 65- If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Clerk 10B. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Greece - 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Xenophon 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. unknown

17. INFORMANT Pete. Konstantinos ADDRESS 330 Guilford

18. 422.1 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis Sudden
DUE TO
(B) Art. hl. Cardiovascular disease ? 2 yrs.
DUE TO
(C) Generalized Arteriosclerosis sev. yrs.
quadriplegia, aphasia due to cerebrovascular disease spinal injury sev. yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II _____

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ m. _____

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4/21, 1953 to —, 19—, that I last saw the deceased alive on 4/21, 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE Lucas V. Blum, M.D. 23B. ADDRESS 2310 East Ave PE 23C. DATE SIGNED 5/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 5-14-53 24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery 24D. LOCATION (City, town, or county) (State) Windsor Mill Rd

DATE RECEIVED BY LOCAL REGISTRAR _____ REGISTRAR'S SIGNATURE Thurston Williams, M.D. 25. FUNERAL DIRECTOR Lambros Inc. 440 E. North Ave ADDRESS _____

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William Starnes

Partner and

Albion Manufacturing Co.

Route 11 - P.O. 810

Mr. Wm. Starnes

Clark Restaurant

Starnes

Kenyon

Starnes & Kenyon

Starnes & Kenyon

Starnes & Kenyon

Starnes & Kenyon

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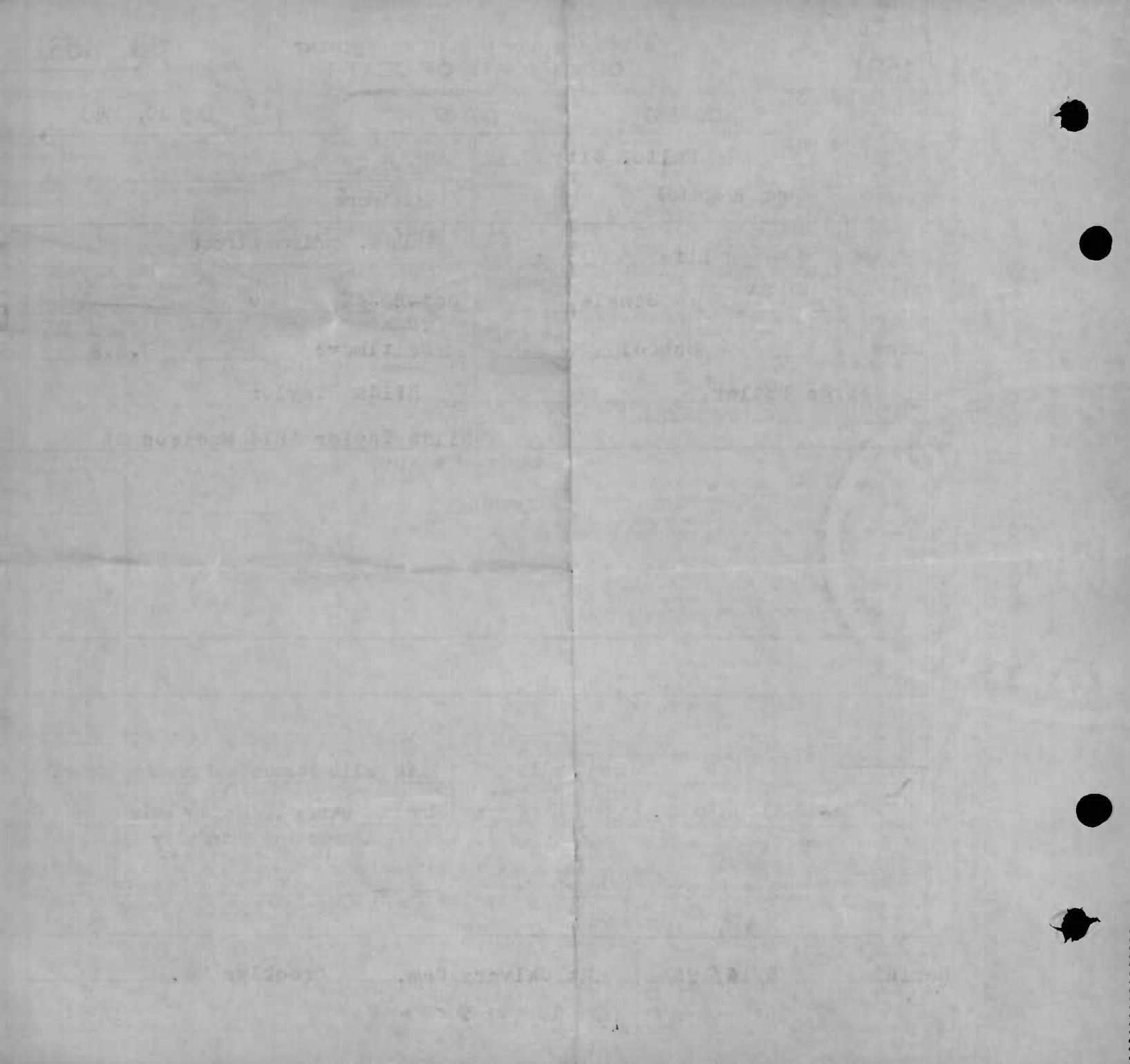
Starnes & Kenyon

Starnes & Kenyon

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4581	Registered No. 53 4581
1. NAME OF DECEASED (Type or Print)		CHARLES TAYLOR		2. DATE OF DEATH May 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 7-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1814 E. Madison Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct-28-43	9. AGE (In years last birthday) 9	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME George Butler		14. MOTHER'S MAIDEN NAME Hilda Taylor		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hilda Taylor 1814 Madison St	
18. E 929.8 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Jones Falls		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) East Falls Avenue and Granby Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-10-53 5:50 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? drowned while trying to swim	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/14/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR Thurston Williams, M.D.		ADDRESS 1108 Brantley	
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR 1108 Brantley	
VS 151		N 990 X			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F236		BALTIMORE CITY HEALTH DEPARTMENT		53	4582
53		4582		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Clara Foster			2. DATE OF DEATH May - 12 - 53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 300 North Broadway			C. CITY OR TOWN (If outside corporate limits, write full name of town, city, or township) Baltimore		
C. Length of stay in Baltimore 59 Yrs.			O. STREET ADDRESS (If rural, give location) 300 North Broadway		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 31. 83	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Cambridge Md.
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Elizabeth Webb			ADDRESS 300 N. Broadway		
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchial Pneumonia			CAUSE OF DEATH Bronchial Pneumonia		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 2, 1953 to May 12, 1953 , that I last saw the deceased alive on May 12, 1953 , and that death occurred at 2:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 924 N. Broadway		23C. DATE SIGNED 5/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/15/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		25. FUNERAL DIRECTOR Elmer B. Wilson			
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 1000 Bunting Ave	
VS 150 7208A					

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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53 4583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4583

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Virginia Stevnson		2. DATE OF DEATH May-13-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		D. STREET ADDRESS (If rural, give location) 837 West Franklin Street		17-03	
c. Length of stay in Baltimore 12 Yes.		Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July-4-96	9. AGE (in years last birthday) 56	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Florence S.C.	
13. FATHER'S NAME Washington Thomas		14. MOTHER'S MAIDEN NAME Hester Thomas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Havana Bell 523 Brice St	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 7	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5/17/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/5/50 , 19 50 , to 5/12/53 , 19 53 , that I last saw the deceased alive on 5/12/53 , and that death occurred at 6:00 m. from the causes and on the date stated above					
23A. SIGNATURE William Danner		23B. ADDRESS 753 George St		23C. DATE SIGNED 5/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/17/1953		24C. NAME OF CEMETERY OR CREMATORY Florence Cem.	
24D. LOCATION (City, town, or county) Florence S.C.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS Chas. Wilson 1000 Brantly rd	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-425		BALTIMORE CITY HEALTH DEPARTMENT		53 4584	
53 4584		CERTIFICATE OF DEATH		Registered No. 53 4584	
1. NAME OF DECEASED (Type or Print)		Kenneth Blackmore		2. DATE OF DEATH May-13-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		B. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 2854 Lanvale St.	
c. Length of stay in Baltimore Life		Yrs. Mos. Days		8. DATE OF BIRTH 2-6-40	
5. SEX male		6. COLOR OR RACE Colored		9. AGE (In years last birthday) 13	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY School	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Eugene Blackmore	
14. MOTHER'S MAIDEN NAME Mary Martin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS		18. 010X	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tuberculosis meningitis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-26-53 to 5-13-53, 1953 that I last saw the deceased alive on 5-13-53, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Robert E. Nundson		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5-13-53	
24A. BURIAL, CREMATION REMOVAL (Specify)		24B. DATE 5/16/53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town, or county) Brooklyn Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR E. O. Wilson		24H. ADDRESS 1000 Broadway		24I. SIGNATURE W	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

med Exam Case Released to Hosp. 53 4585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH No. *53 4585*

1. NAME OF DECEASED (Type or Print) <i>William Diggs</i>		2. DATE OF DEATH <i>May 13, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Steel 25</i>		B. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHN'S HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>6 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>623 Ensor St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-28-1855</i>
9. AGE (In years last birthday) <i>97</i>		10. Under 1 Year Months: Days: Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seaman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>In Naval</i>	
11. BIRTHPLACE (State or foreign country) <i>Smithfield va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Jackson Diggs</i>		14. MOTHER'S MAIDEN NAME <i>Emily Jordan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>JOHN'S HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>450.0 and E904.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>ARTERIOSCLEROSIS, GENERALIZED.</i> DUE TO (B) <i>FRACTURE OF LEFT HIP</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>8 DAYS</i>
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>MAY 7, 1953</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>FRACT. HIP</i>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>HOME</i>	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>623 ENSOR ST.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>MAY 4, 1953</i> m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>FALL IN HOME</i>	

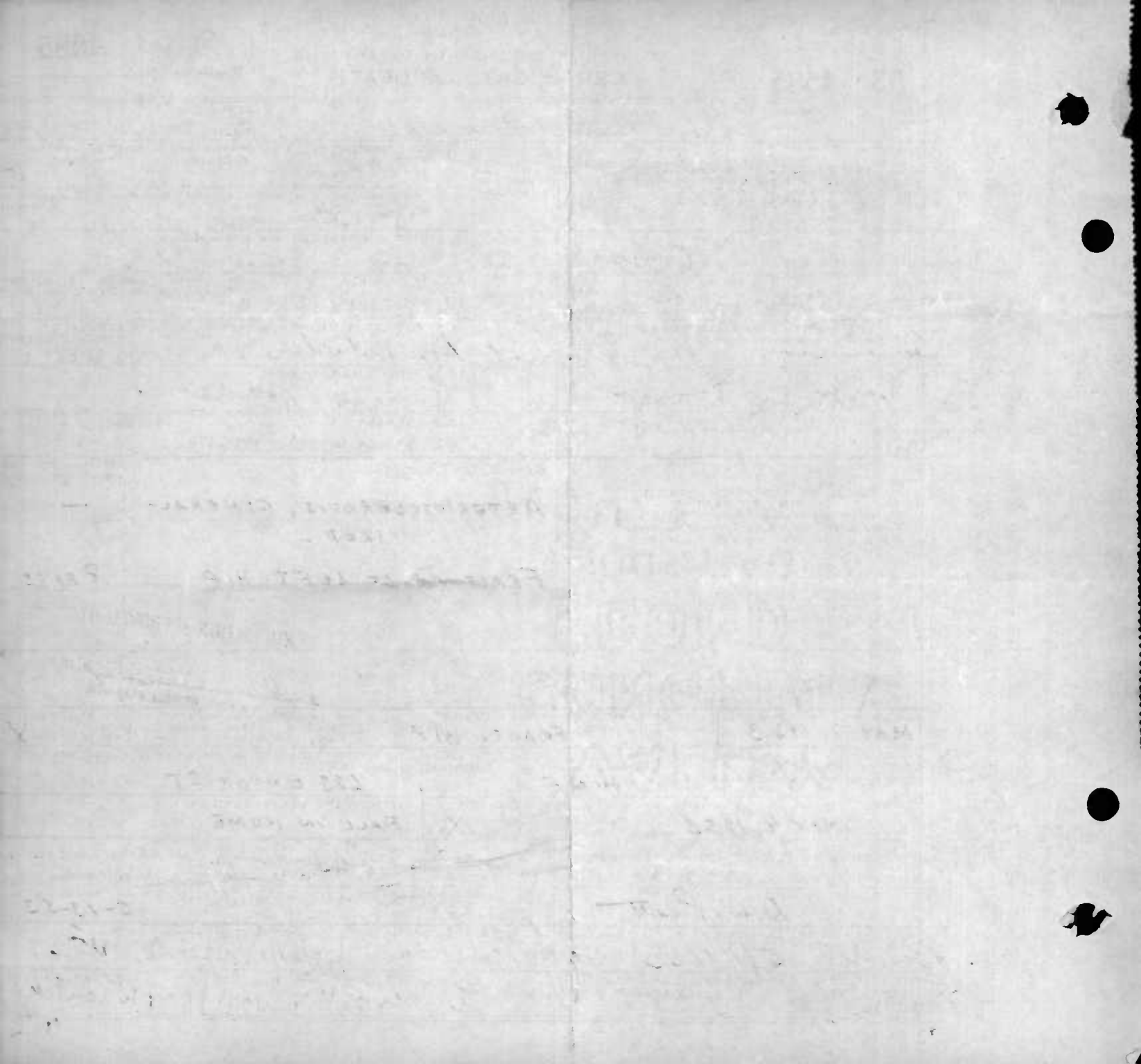
22. I hereby certify that I attended the deceased from *5-5*, 19*53* to *5-13*, 19*53* that I last saw the deceased alive on *5-13*, 19*53*, and that death occurred at *1:15* m., from the causes and on the date stated above.

23A. SIGNATURE <i>D.W. Pratt</i>	23B. ADDRESS <i>JOHN'S HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>5-18-53</i>
-------------------------------------	--	------------------------------------

24A. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/17/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Smithfield</i>	24D. LOCATION (City, town, or county) (State) <i>Smithfield Va</i>
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 14 1953</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR <i>Belvey & Wilson</i>	ADDRESS <i>Low Brantly</i>
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VS 150
N820.0



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

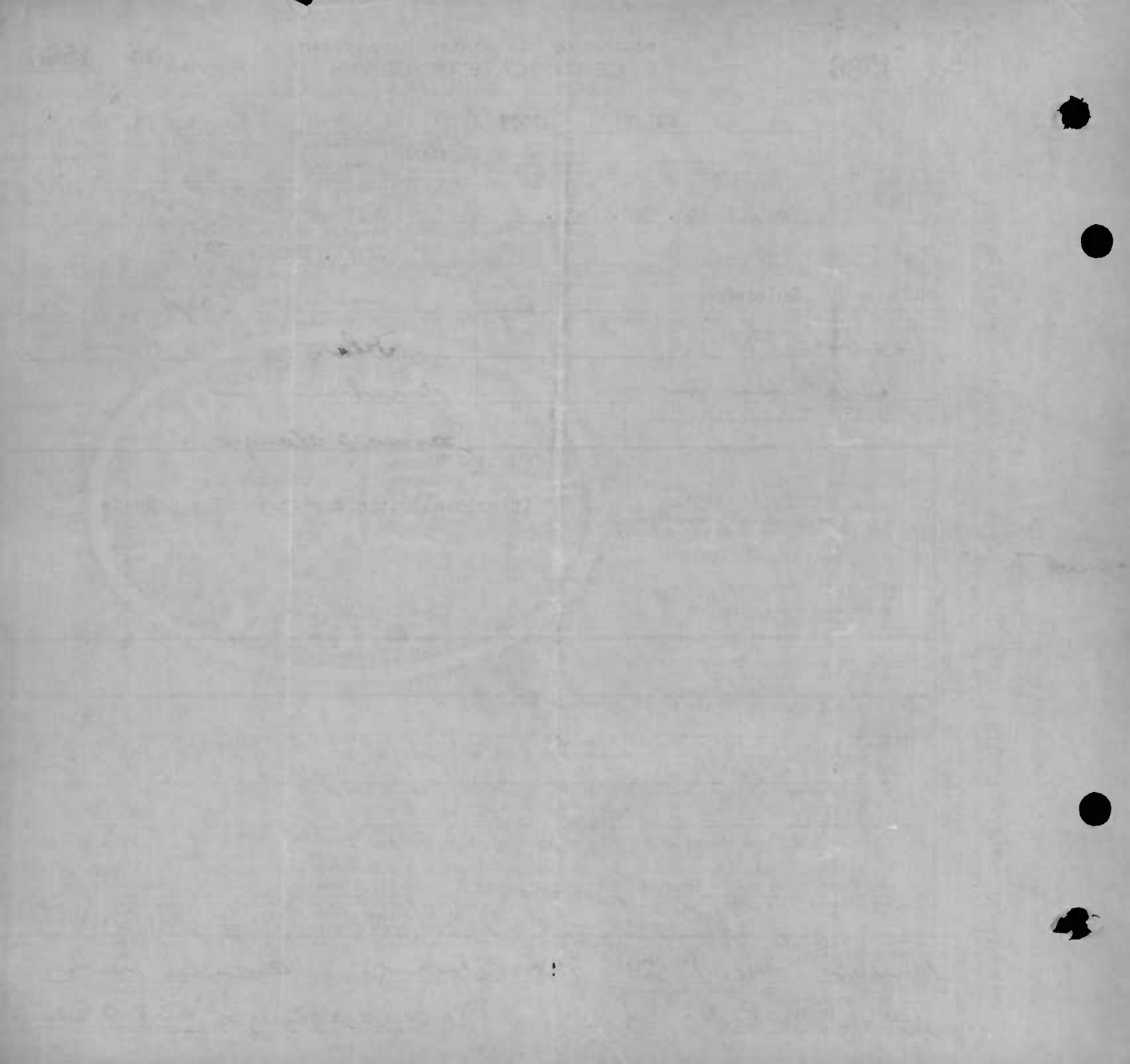
MARGIN RESERVED FOR BINDING

5-300
53 4586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4586

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WALTER SCOTT		May 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland			
C. Length of stay in Baltimore		B. COUNTY			
5. SEX Male		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
6. COLOR OR RACE Colored		Baltimore			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		D. STREET ADDRESS (If rural, give location)			
8. DATE OF BIRTH		727 S. Charles St.			
9. AGE (In years last birthday)		60 yrs			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Laborer				Tula.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		L. H. H.		L. H. H.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				James A. Dayes.	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			
DUE TO		Arteriosclerotic cardiovascular disease			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
DUE TO					
DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED	
B. J. Fisher		M.D.		May 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		May 17-53		Mt Calvary	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
A. A. Co. Inc.		James A. Dayes.		6387 2nd	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTERAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 14 1953		W. H. H.		James A. Dayes.	



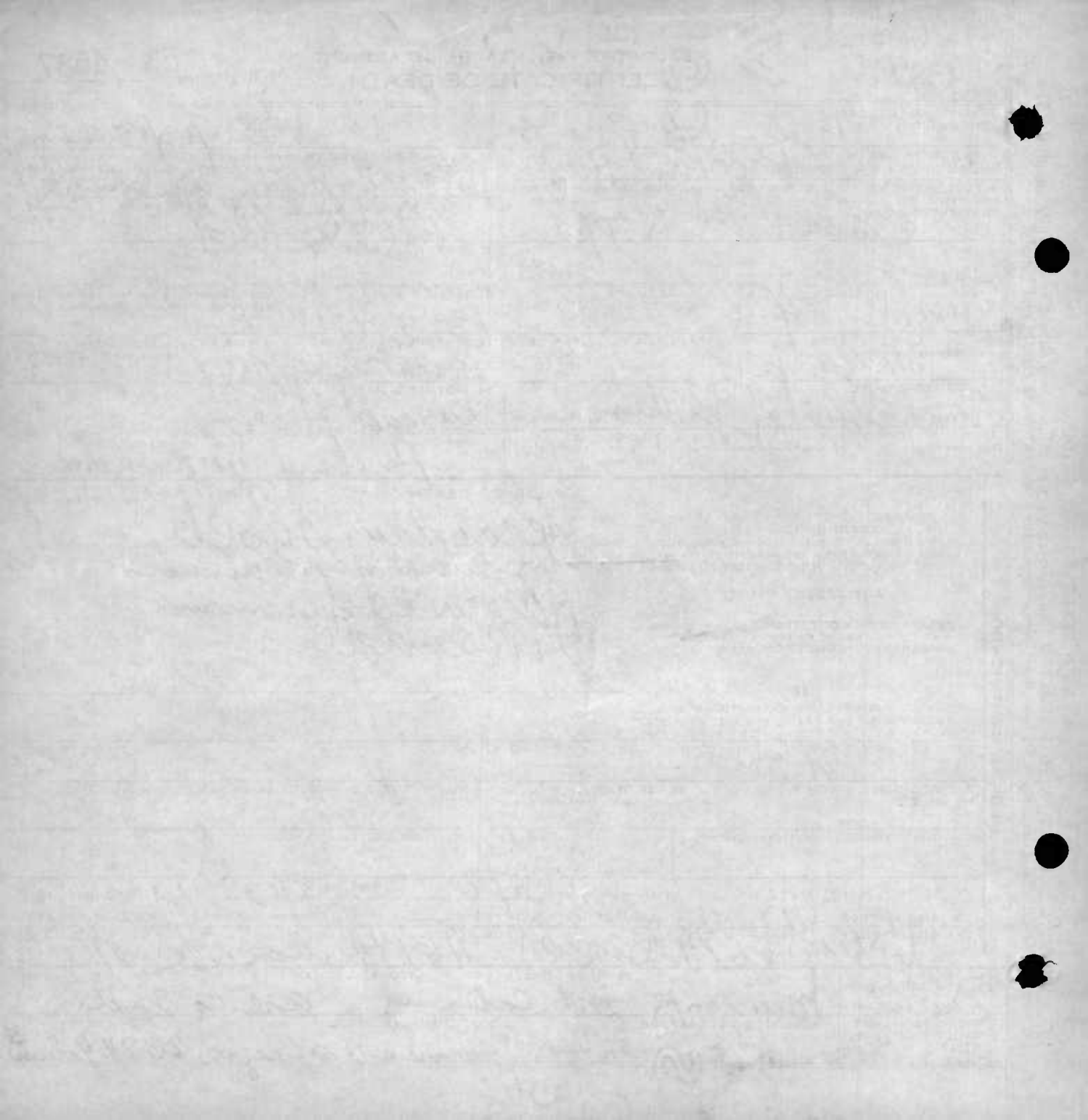
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4587**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frances Brook			2. DATE OF DEATH 7/13/53 at 2:10 a.m.		
3. PLACE OF DEATH: A. Baltimore City, Maryland Provident Hosp			4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE MD B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elkton, Md		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5200		
5. SEX Female	6. COLOR, OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 25, 1891	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during last period of working life even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brooklyn, Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Summerfield Jackson			14. MOTHER'S MAIDEN NAME Emma Hines		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Husband, 1115 Brain Highway, Glen Burnie, Md		
18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Secondary Shock Secondary Peritonitis Advanced Carcinoma of Bladder.			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/6 , 19 53 to 5/13 , 19 53 , that I last saw the deceased alive on 7/13 , 19 53 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Henry B. McElcom		23B. ADDRESS 1131 Harlan Ave		23C. DATE SIGNED 5/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE May 16-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) Ar. Co Md		24E. FUNERAL DIRECTOR James A. Stayer		24F. ADDRESS 638 N. Gales St	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4588
Registered No.1. NAME OF DECEASED
(Type or Print)

Fred Ruppel

2. DATE
OF
DEATH

May 13, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)Cullenan Hospital
Baltimore4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Augsburg Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Campfield Rd. 5300

c. Length of stay in Baltimore

82

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9-28-72

9. AGE (In years
last birthday)

82

10 Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Patrol Officer

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Records Augsburg Home
6811 Campfield Rd

ADDRESS

18. E 903.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic CVD

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Fracture Left Femur 1 mo

(C)

CERTIFICATION APPLIED BY

William J. [Signature] M.D.

DATE FOR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

4-16-53

19B. MAJOR FINDINGS OF OPERATION

Insertion Orthopedic nail

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office, etc.)

Augsburg Home

21C. WHERE DID
INJURY OCCUR?

Home

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4-12-53 4 P. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall to floor

22. I hereby certify that I attended the deceased from 4-13-53 to 5-13-53, that I last saw the
deceased alive on 5-13-53, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harold R. Dady

M. D.

23B. ADDRESS

Cullenan Hosp

23C. DATE SIGNED

5-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/15/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem, Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul A. [Signature]

ADDRESS

6067 [Signature]

VS 150

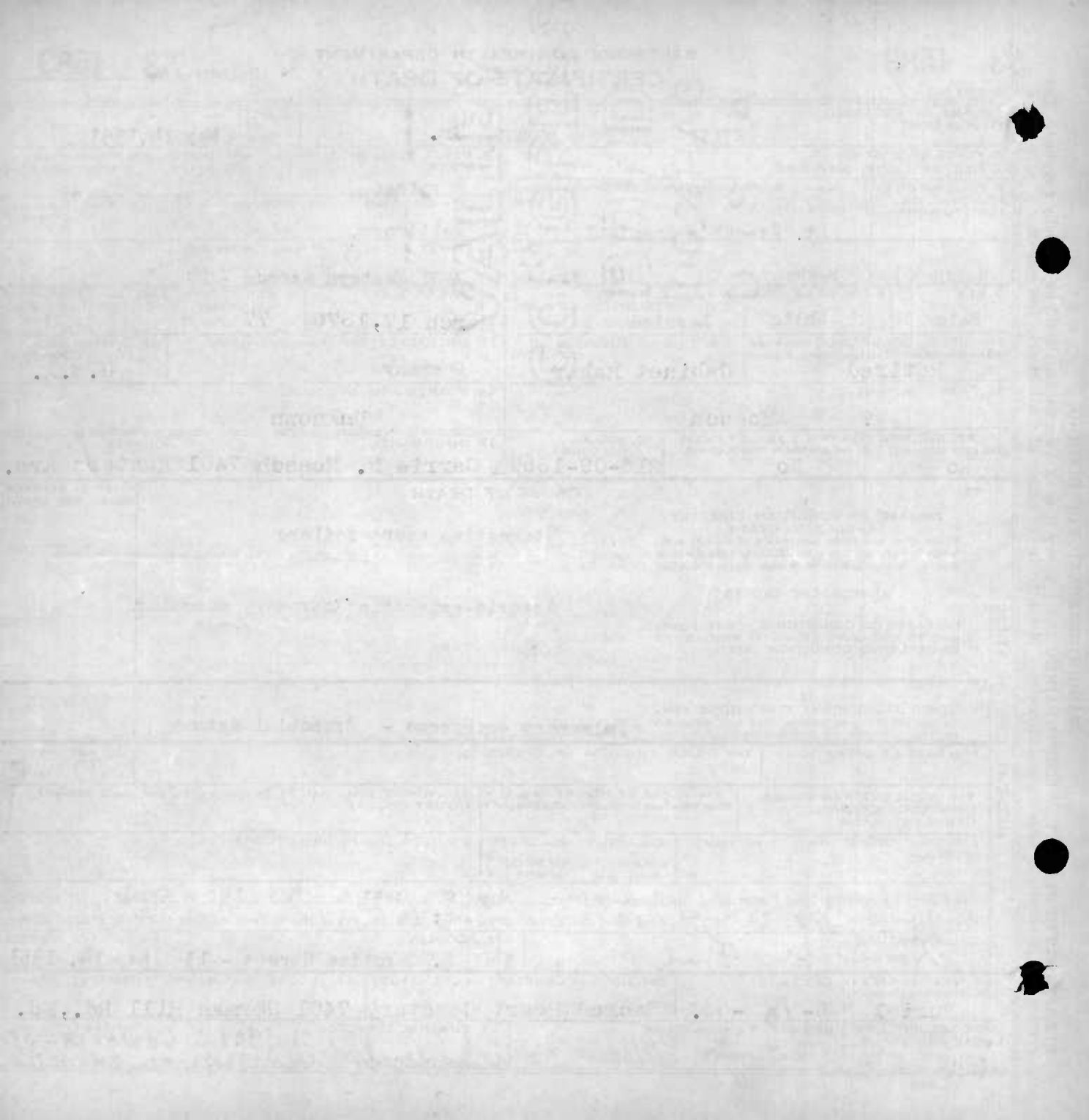
N 821.0

Must be countersigned by Med Examiner
N 821.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4589	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
PHILIP ANDREW HOESCH Sr.			May 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			A. STATE B. COUNTY		
St. Joseph's Hospital			Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
73 yrs Days			Baltimore.		
5. SEX			6. COLOR OR RACE		
Male			White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH		
Married			March 17, 1876		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			9. AGE (in years last birthday)		
Retired			77		
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Cabinet Maker			Germany		
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
? Hoesch			U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
No			216-09-1659A		
17. INFORMANT			ADDRESS		
A Carrie M. Hoesch			7401 Eastern Ave.		
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Congestive heart failure		
DUE TO					
ANTECEDENT CAUSES			(B) Arterio-sclerotic coronary vascular disease		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Pulmonary emphysema - Bronchial asthma		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
0					
20. AUTOPSY?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 9, 1953, to May 14, 1953 that I last saw the deceased alive on May 14, 1953, and that death occurred at 4:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		
Louis A. Fritz			1400 N. Caroline Street - 13		
23C. DATE SIGNED			24. LOCATION (City, town, or county) (State)		
May 14, 1953			BALTO., MD.		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
Burial			5-18-53.		
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)		
Sacred Heart Cemetery			7401 German Hill Rd., Md.		
DATE RECEIVED BY LOCAL REGISTRAR			25. FUNERAL DIRECTOR		
Huntington Williams, M.D.			901 S. CONKLING ST.		
MAY 14 1953			BALTO., MD.		



53 F652
4580BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4580

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLIFTON E. FRANK

2. DATE
OF DEATH May 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3229 Fleet Street

C. CITY OR TOWN (If outside corporate limits, write rural and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3229 Fleet Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 20, 1895

9. AGE (In years
last birthday)

57 58

10 Under 1 Year 11 Under 24 Hours
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elevator Man

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Frank

14. MOTHER'S MAIDEN NAME

Mary J. Hurley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie T. Rainer 1710 Eastern Ave.

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER ☒ May 12, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-15-53.

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7225 Eastern Ave. Ba. Co.,

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

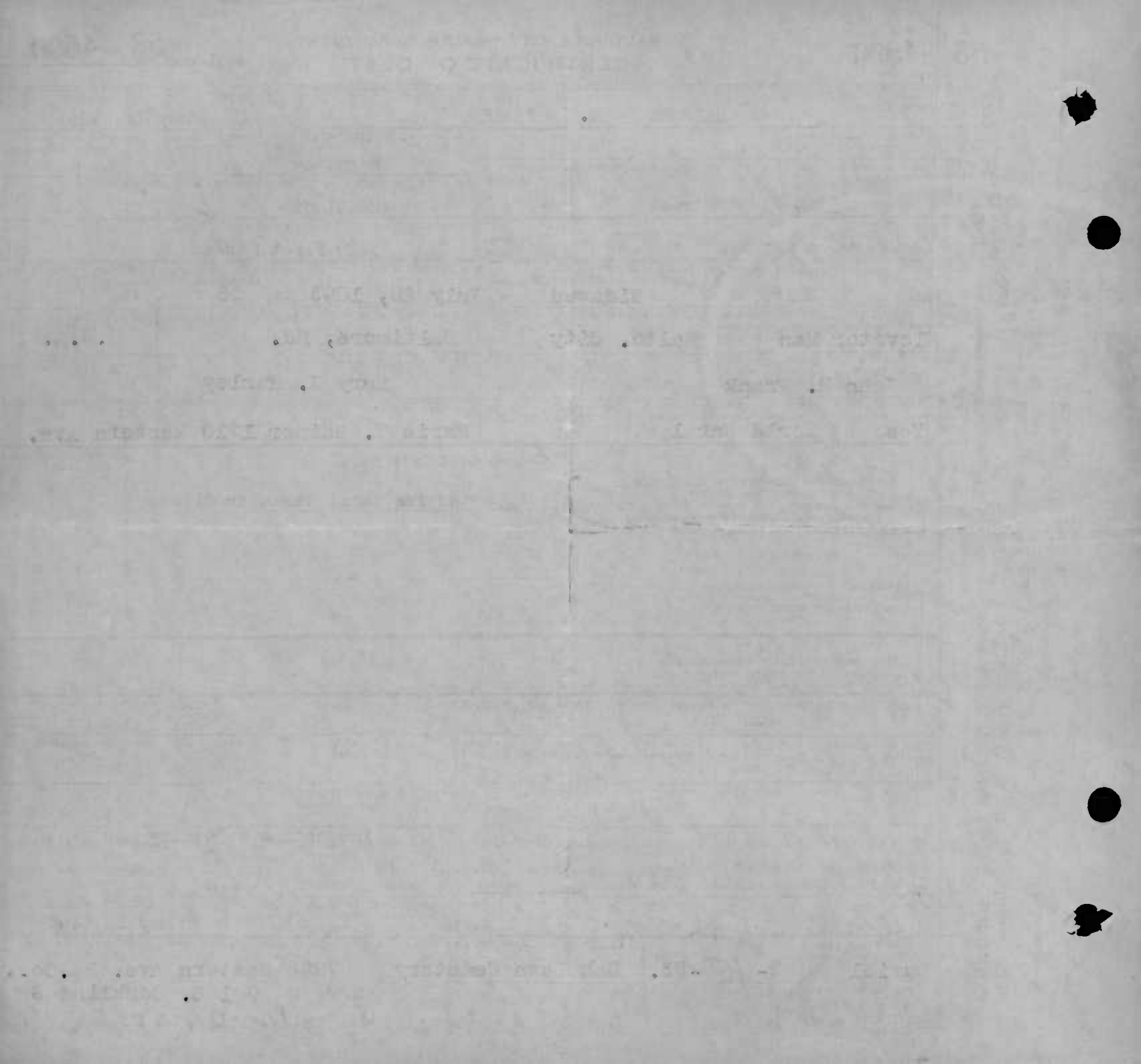
901 S. Conkling St.

VS 151

76193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-625

4591

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 4591

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister M. Loyola Parsons R.S.M.

2. DATE
OF
DEATH

May 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mt. St. Agnes Convent

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

(township)

D. STREET ADDRESS (If rural, give location)

Smith Ave

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 29, 1882

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious Sister of Mercy

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York City, N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John N. Parsons

14. MOTHER'S MAIDEN NAME

Margaret A. Loorey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sr. M. Edith Mt. St. Agnes Convent.

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute uremia

6 weeks

DUE TO

ANTECEDENT CAUSES

(B)

Chronic arteriosclerotic nephritis

2 yrs

DUE TO

(C)

arteriosclerotic + hypertensive
cardiovascular disease

18 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Coronary insufficiency

5 yrs

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 2, 1953, to May 12, 1953, that I last saw the
deceased alive on May 5, 1953, and that death occurred at 2:57 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Raymond Peters

M. D.

23B. ADDRESS

1127 N. Calvert St

23C. DATE SIGNED

5/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/15/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. St. Agnes Convent

24D. LOCATION (City, town, or county)

Mt. Washington, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

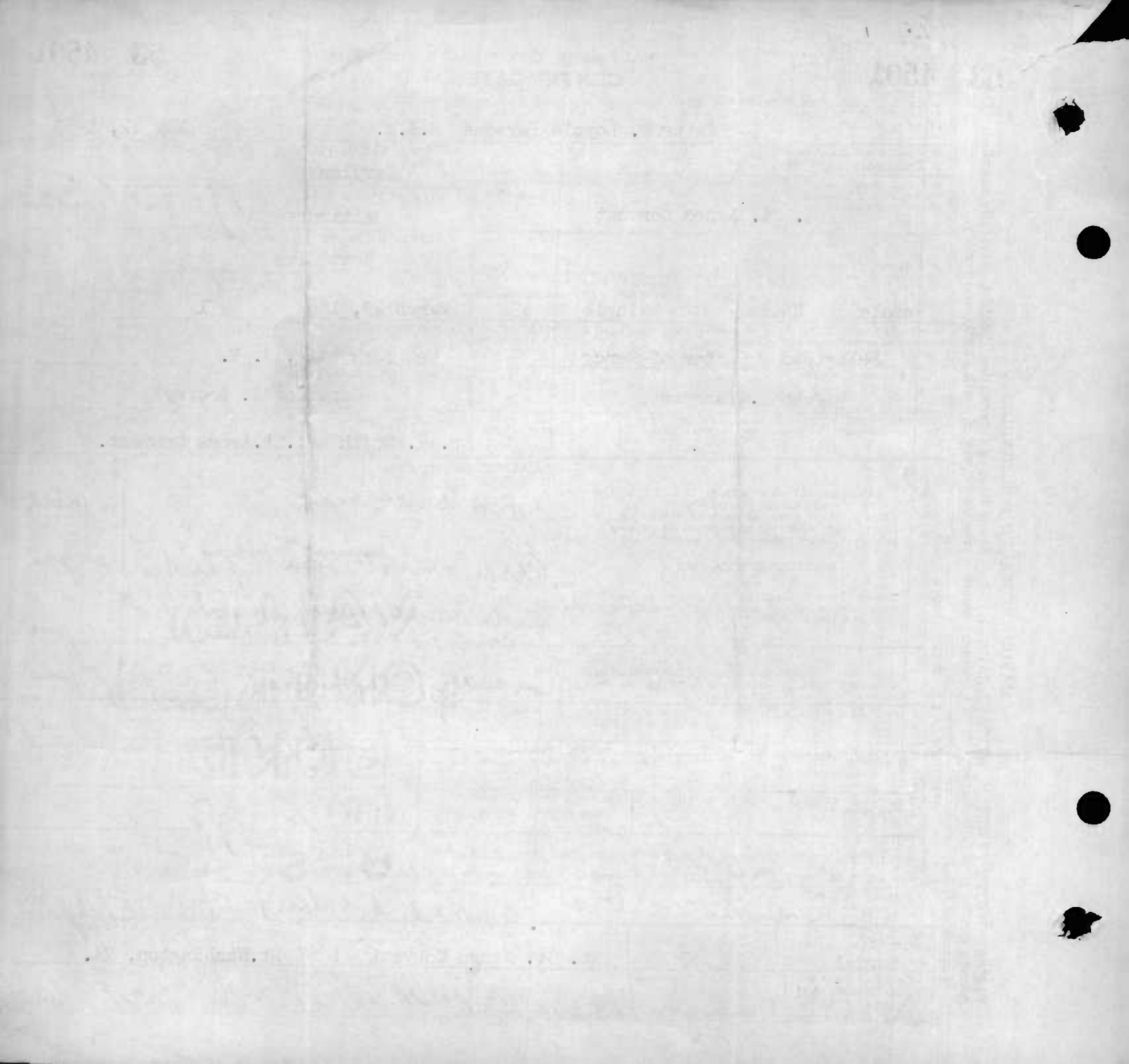
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Meiers & Son 805 N. Calvert



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4592

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)JOHN A. KNECHT2. DATE
OF
DEATH5/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION37 MERCY HOSPITALC. CITY OR TOWN (If outside corporate limits, write MARYLAND and BALTIMORE township)BALTIMORE #14

D. STREET ADDRESS (If rural, give location)

2405 HAMILTON AVE

C. Length of stay in Baltimore

74 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

OCT. 19-18789. AGE (In years
last birthday)74If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)RETIRED MACHINIST10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN A. KNECHT

14. MOTHER'S MAIDEN NAME

MARY KAISER15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.212-09-1810

17. INFORMANT

ADDRESS

Mrs. Rachel Knecht - 2405 HAMILTON

1B.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CARDIO-RESPIRATORY FAILURE 18 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CORONARY THROMBOSES 38 DAYS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH no21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY none

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/53, 1953 to 5/13, 1953 that I last saw the
deceased alive on 5/12, 1953, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. K. Haddad

M. D.

23B. ADDRESS

Mersey Hosp.

23C. DATE SIGNED

5/13/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

May 16 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

BALTO

(State)

MDDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. J. Luck

ADDRESS

5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-5530
53 4593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4593
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALONZA

NEWMAN

2. DATE
OF
DEATH

May 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

604 N. Conway Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

52

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charlottesville, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Newman

14. MOTHER'S MAIDEN NAME

Nannie Cary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 340.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumococcus meningitis

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
IN WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Hubbard

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 12, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/17/53

24C. NAME OF CEMETERY OR CREMATORY

Oakwood Cemetery

24D. LOCATION (City, town, or county)

Charlottesville, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

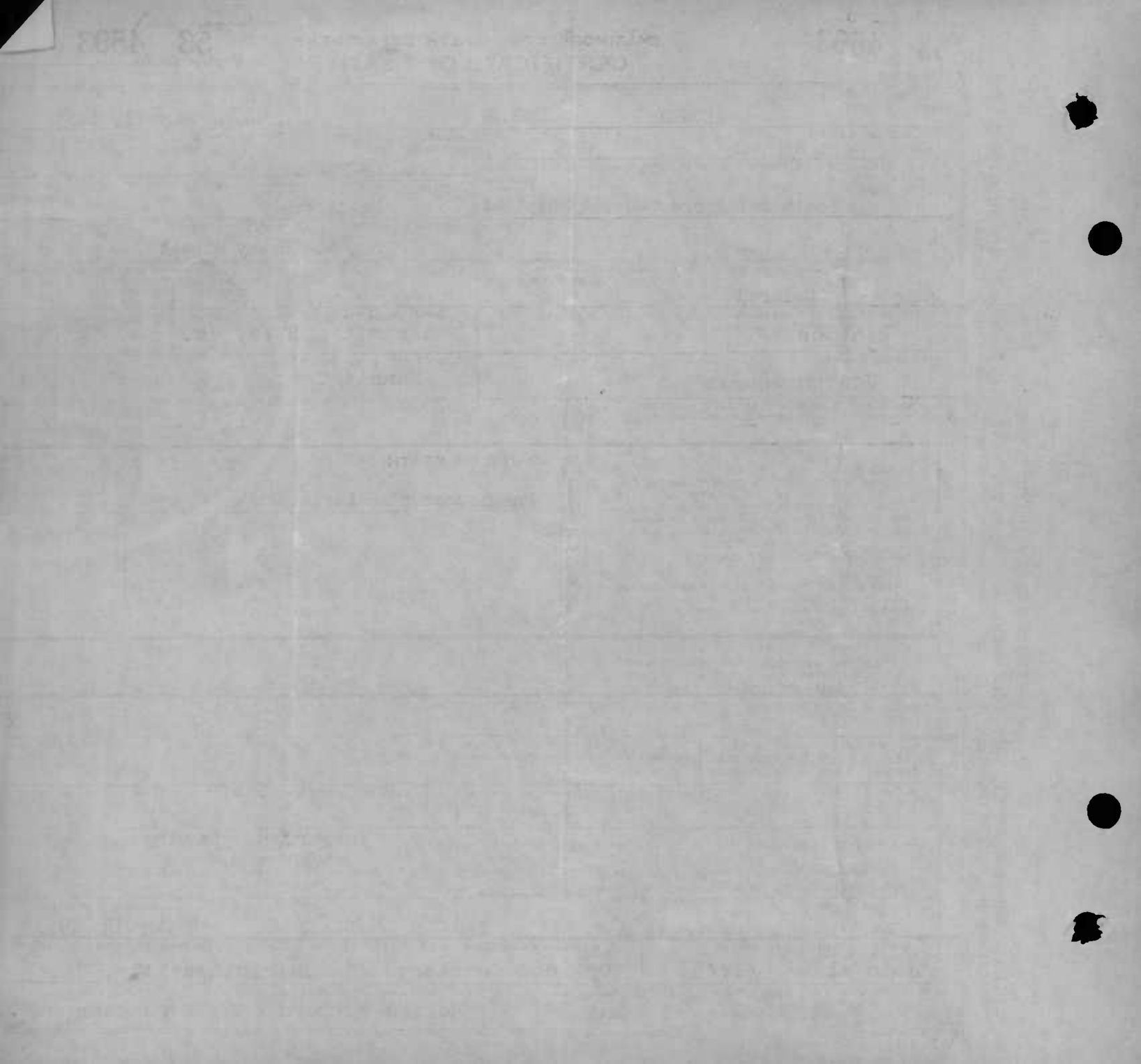
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

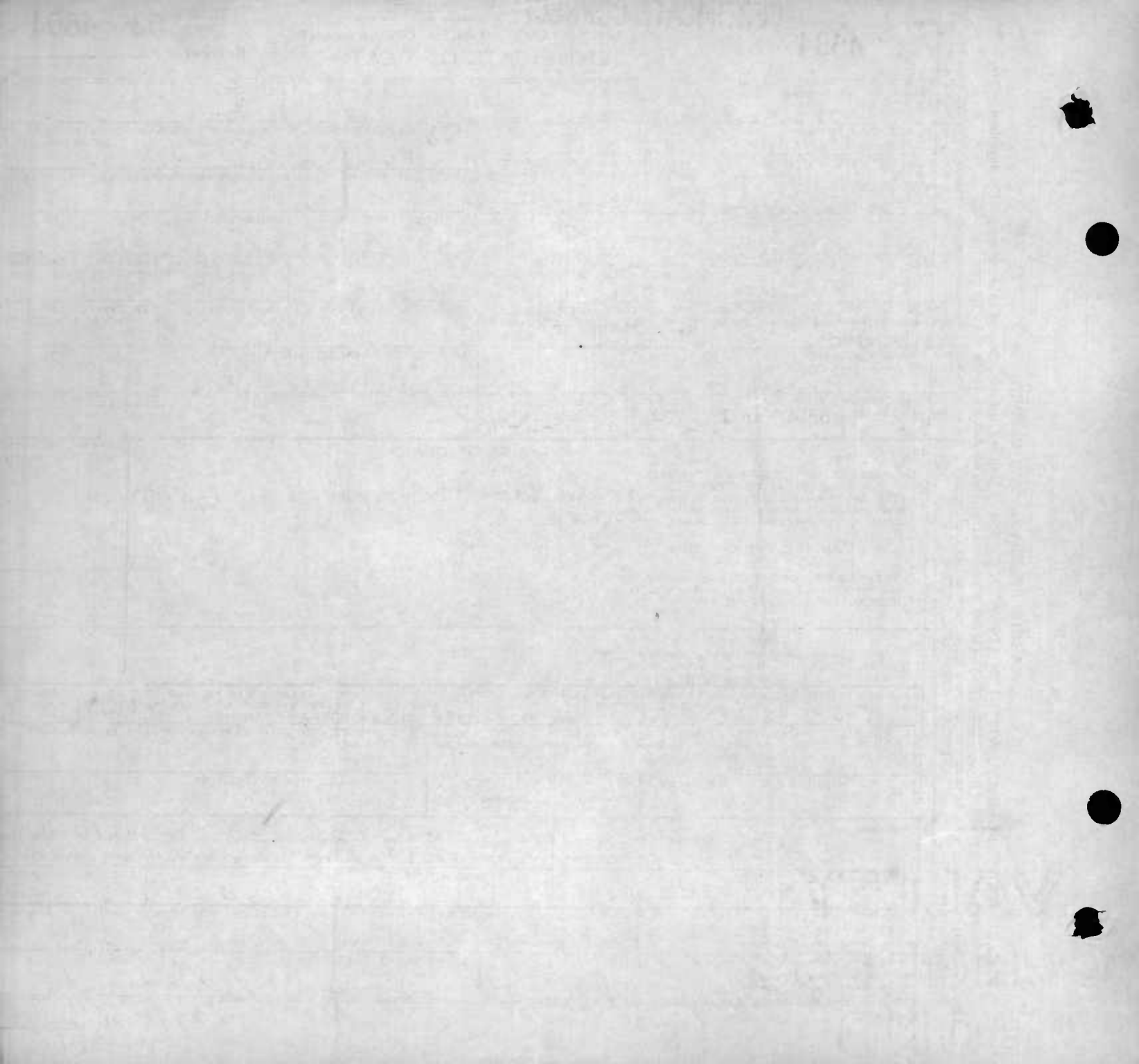
Howard Hubbard 2503 Edmondson Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-660 CERTIFICATE CORRECTED 5-19-53				BALTIMORE CITY HEALTH DEPARTMENT		53 4594	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <u>Shearer, William</u>				2. DATE OF DEATH <u>5-14-53</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Pennsylvania</u> B. COUNTY <u>V-33</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>York</u>			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <u>1229 S. George St.</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE MARRIED. <u>WIDOWED</u> DIVORCED (Specify)		8. DATE OF BIRTH <u>4-2-93</u>	9. AGE (In years last birthday) <u>60</u>	If Under 1 Year Months: Days: Hours: Min.	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>				10B. KIND OF BUSINESS OR INDUSTRY <u>D.F. Stauffer Biscuit Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Pa</u>	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME <u>William H</u>			
14. MOTHER'S MAIDEN NAME <u>Helinda Kreidler</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>			
16. SOCIAL SECURITY NO. <u>175-10-7430</u>				17. INFORMANT ADDRESS			
18. <u>193X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Left Frontal parietal glioma cystic</u> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <u>5-5-53</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>Left Frontal parietal glioma</u>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-3-53</u> 19 <u>53</u> , to <u>5-14</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5-13</u> , 19 <u>53</u> and that death occurred at <u>7:00</u> a.m., from the causes and on the date stated above.							
23A. SIGNATURE <u>W. H. Shearer</u>				23B. ADDRESS <u>Univ. Hosp.</u>		23C. DATE SIGNED <u>5-14-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>St Rose Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>York, Pa.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 14 1953</u>		REGISTRAR'S SIGNATURE <u>Edw. J. Baunister</u>		25. FUNERAL DIRECTOR <u>Edw. J. Baunister</u>		ADDRESS <u>7495 Queen St York, Pa.</u>	

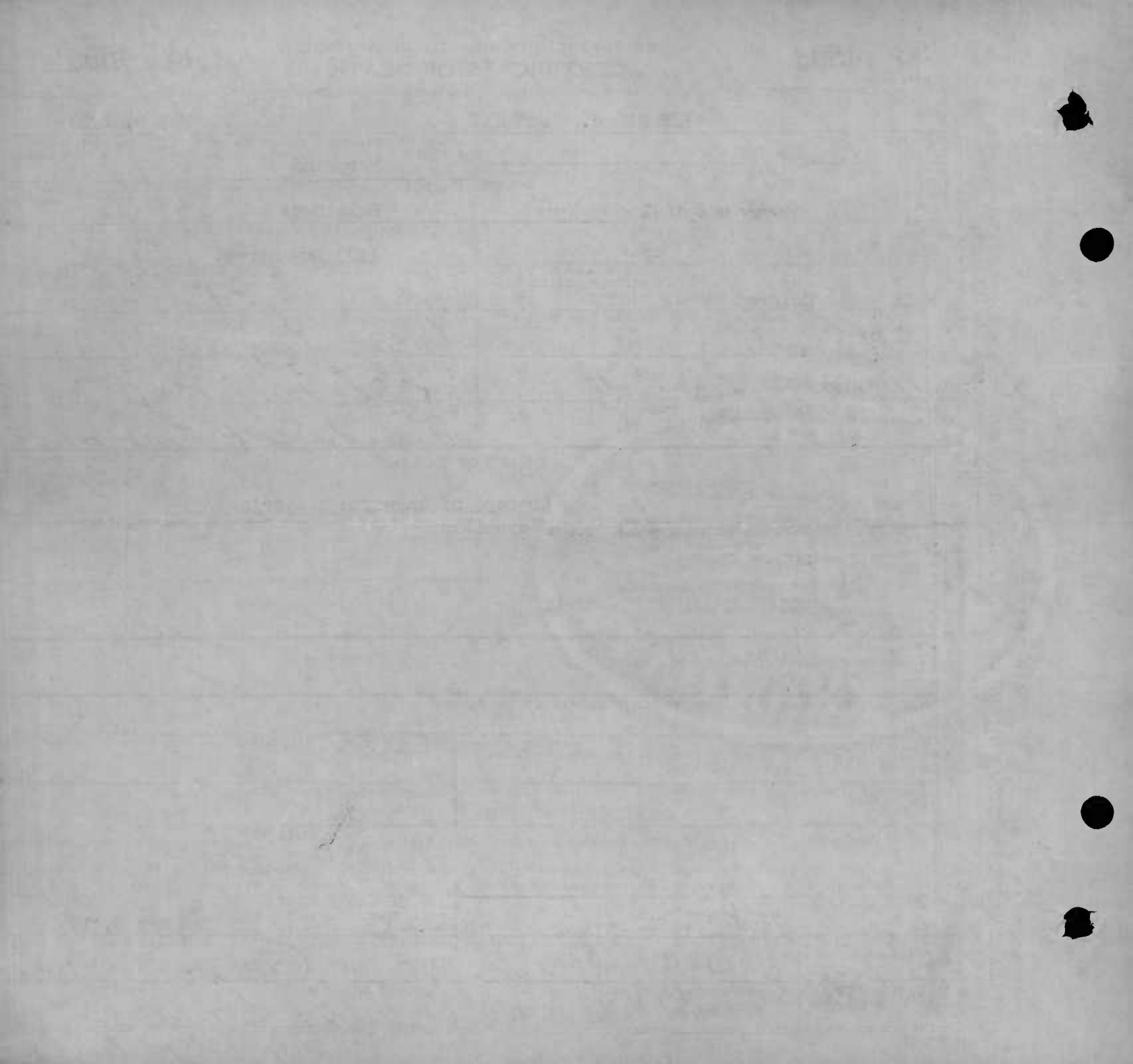


M-320
53 4595
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 53 4595

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		HERMAN J. MATTHEWS		2. DATE OF DEATH May 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1103 Low Street			
c. Length of stay in Baltimore 30 yrs		5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 7-15-1901		9. AGE (In years last birthday) 51		10. UNDER 1 Year Months: Days		11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crewe Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Wm. Stead Scott		14. MOTHER'S MAIDEN NAME Elvira Scott		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT James P. Scott		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rupture of aneurysm of aorta syphilis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .	
23A. SIGNATURE R. P. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 8, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 5-14-53		24C. NAME OF CEMETERY OR CREMATORY Crewe, Va		24D. LOCATION (City, town, or county) (State) Crewe, Va	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Rayner Sanders		ADDRESS	
VS 151		97099		217 E. Preston St			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4596		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4596 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Glenna May		May 14, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Peabody Apartments Calvert and 30th Street		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) Calvert and 30th Streets	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 9, 1875	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lynchburg, Virginia	
13. FATHER'S NAME Joshua Worley		14. MOTHER'S MAIDEN NAME Elizabeth Hunter		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Wm. H. Merrill, Apt 11 Peabody Apts.	
18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma Abdominal DUE TO Carcinomatosis DUE TO Mys. Cardis. INTERVAL BETWEEN ONSET AND DEATH year 6 mo. 2 mo.		19. 199.1 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 13, 1952 to May 14, 1953 that I last saw the deceased alive on May 14, 1953 and that death occurred at 1:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Hubert M. Frost		23B. ADDRESS 2824 St Paul St		23C. DATE SIGNED May 14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 16th 1953		24C. NAME OF CEMETERY OR CREMATORY Port Republic Cemetery	
24D. LOCATION (City, town, or county) Port Republic, Virginia		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Harford Road #14	
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

Dr. Herbert Foster
2824 ST Paul ST
5-P.M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-550		BALTIMORE CITY HEALTH DEPARTMENT		53	4597
BIRTH NO. 53 1597		CERTIFICATE OF DEATH		Registered No. 4597	
1. NAME OF DECEASED (Type or Print) <i>Anthony Layman</i>			2. DATE OF DEATH <i>May 14, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. 24. 3 W</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Allegany</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Frostburg 5121</i>		
D. STREET ADDRESS (If rural, give location) <i>161 W. Main St.</i>			E. Yrs. Mos. Days		
c. Length of stay in Baltimore		F. Yrs. Mos. Days			
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>7-10-1949</i>	9. AGE (In years last birthday) <i>3</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Frostburg md</i>	
13. FATHER'S NAME <i>Elmer Layman</i>		14. MOTHER'S MAIDEN NAME <i>Margaret</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>204.3</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			(A) <i>Acute Leukemia</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO		
			(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>5 mos.</i>		
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-11, 1953</i> to <i>5-14, 1953</i> that I last saw the deceased alive on <i>5-14, 1953</i> and that death occurred at <i>12:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Neil H. Lewis</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>May 14, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>May 16, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mount Zion Am. Garrett Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>H W Jenkins & Son Co 4905 York Road</i>	

1923-24

THE UNIVERSITY OF CHICAGO

Respectfully

Very truly yours,

W. E. B. DUBOIS

CHICAGO

COLORED PEOPLE

AMERICA

1923-24

CHICAGO

COLORED PEOPLE

AMERICA

53 4598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4598

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. James C, Chestnut

2. DATE
OF
DEATH

May 12, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE ~~Maryland~~B. COUNTY ~~PENNA.~~ V-25

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

c. CITY OR TOWN

~~Baltimore~~

(If outside corporate limits, write RURAL and give township)

~~PHILA.~~

d. STREET ADDRESS (If rural, give location)

500 Z. CHELTON ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-22-77

9. AGE (in years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Priest

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Mary Cassidy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Left cerebro-vascular accident
C.S.C.V.D.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1953 to May 12, 1953 that I last saw the deceased alive on May 12, 1953, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE

George J. Sten

M. D.

23b. ADDRESS

St. Agnes Hospital

23c. DATE SIGNED

5-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

5/15/53

24c. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24d. LOCATION (City, town, or county)

BALTIMORE Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. FAHEY & SONS 401 SUFFOLK Rd.

300-10000

RECEIVED

DEPT. OF JUSTICE

NOV 15 1964

RECEIVED

100

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53 4599

53 4599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA V. F. PRIEST

2. DATE
OF
DEATH

MAY 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Lutheran Hospital of MARYLAND Inc

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

15-02

c. Length of stay in Baltimore

40 - Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

209 W. NORTH AVE.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARYLAND
APRIL 10, 18839. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED School TEACHER

10B. KIND OF BUSINESS OR
INDUSTRY

BALTO CITY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN RANDOLPH FORRESTER

14. MOTHER'S MAIDEN NAME

AGNES WRIGHT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO.

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

A. WHEELER PRIEST 209 W. NORTH AVE.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

DUE TO

6 HOURS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive ARTERIOSCLEROTIC CARDIO-
VASCULAR Disease

DUE TO

No. of years
UNKNOWN

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from MAY 13, 1953 to MAY 13, 1953, that I last saw the
deceased alive on MAY 13, 1953, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Rosson, M.D.

23B. ADDRESS

Lutheran Hospital of Maryland

23C. DATE SIGNED

May 13, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-16-1953

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15 1953

Howard Strong

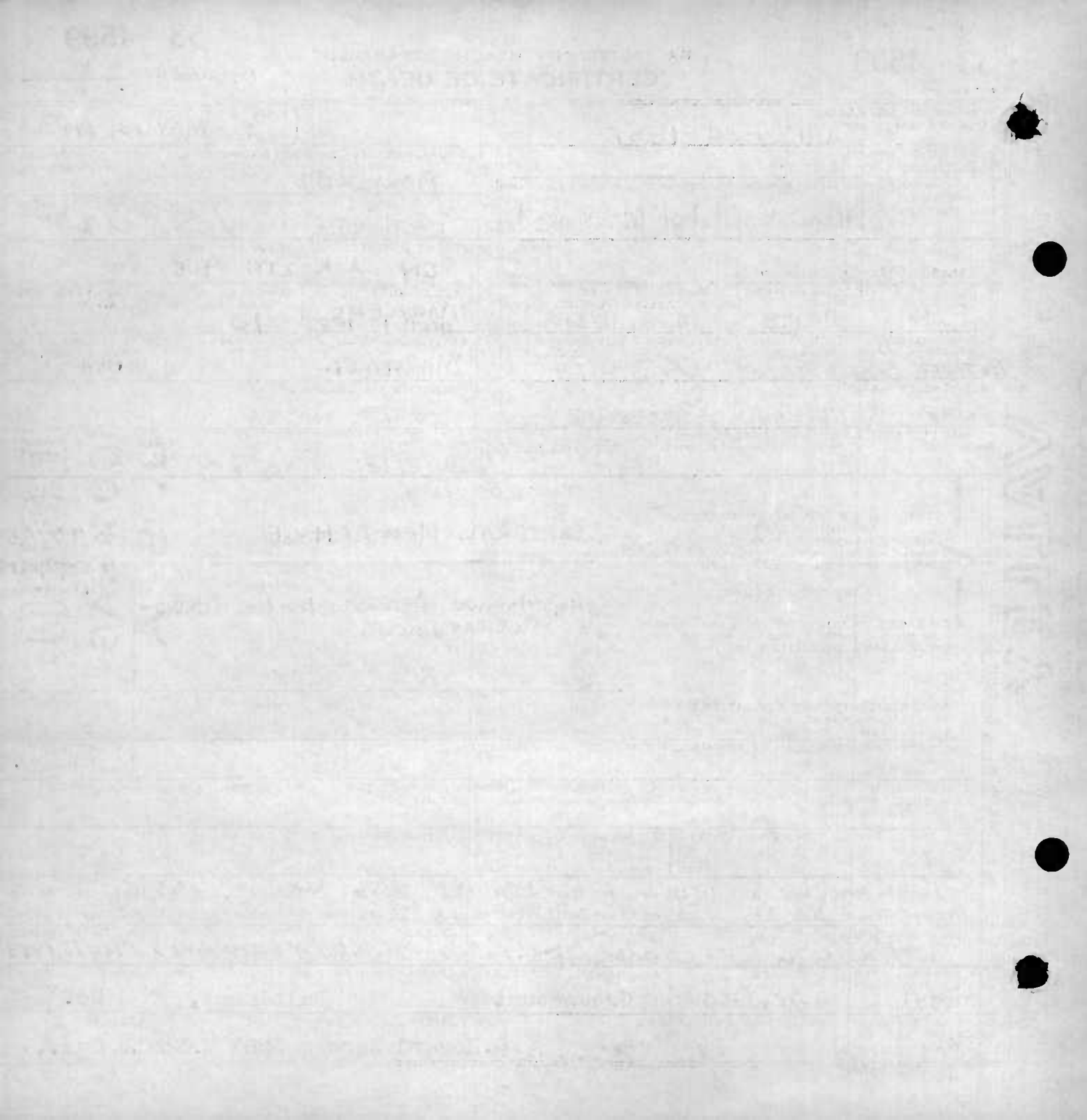
3207 W. North Ave.,

VS 150

093PV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-4000

53 4000

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Higgen

2. DATE
OF
DEATH

5-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Doctor's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

15-12

c. Length of stay in Baltimore

55 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3520 Overview Rd.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 29, 1885

9. AGE (In years
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Collector Baltimore

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Jeth

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Davis Higgen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Fannie M Higgen Overview Road 3520

1B. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Sclerosis

Coronary Thrombosis

(B)

DUE TO

Atrial Flutter & Fibrillation

Common Iliac Thrombosis

(C)

Beginning Enlargement of legs

INTERVAL BETWEEN
ONSET AND DEATH

18 Months

18 months

6 weeks

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951, to May 14, 1953, that I last saw the
deceased alive on 5-14, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Alex H. Weinlock

M. D.

23B. ADDRESS

4603 Park Hts Ave

23C. DATE SIGNED

5-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 15/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Washinton Rd

24D. LOCATION (City, town, or county)

Washington Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol L. Lerman + Bros

ADDRESS

1126 W

MAY 15 1953

D.V.

Weinstock
Pk Hghts Ave

H-530

53 4001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4001

BIRTH NO.		1. NAME OF DECEASED (Type and Print) <i>Clara Hunt</i>		2. DATE OF DEATH <i>May 13, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23-01</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>102 W. West St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8-26-87</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Warrenton N.C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Hartwell Jones</i>		14. MOTHER'S MAIDEN NAME <i>Betty ?</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>175X</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Carcinoma of ovary</i> DUE TO <i>Kriegenberg Tumor of Stomach</i>			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-14</i> , 1953, to <i>5-13</i> , 1953, that I last saw the deceased alive on <i>5-13</i> , 1953, and that death occurred at <i>807 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert T. White</i> M.D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/14/53</i>	
24A. CREMATION, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>5/16/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Warrenton</i>	24D. LOCATION (City, town, or county) (State) <i>North Carolina</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 15 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Isaac L. Brown & Son</i>		ADDRESS <i>108 W. Montgomery St</i>	

58

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

DR. GARNER

GEORGE ST

53 4602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 53 4602

BIRTH NO.		1. NAME OF DECEASED (Type or Print) GEORGE H MASON		2. DATE OF DEATH 5-12-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 735 GEORGE ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17-03			
c. Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 735 GEORGE ST.			
5. SEX MALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-22-06	9. AGE (in years last birthday) 46	10. Under 1 Year Months: Days 11 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10B. KIND OF BUSINESS OR INDUSTRY TRUCKING		11. BIRTHPLACE (State or foreign country) ATLANTA, GA.	
13. FATHER'S NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS HELEN MASON 735 GEORGE ST.	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO (A) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH ?			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/5/53 , 19 53 , to 5/12/53 , 19 53 , that I last saw the deceased alive on 5/11/53 , 19 53 , and that death occurred at 2:30 PM , from the causes and on the date stated above.					
23A. SIGNATURE Will. M. Garner		23B. ADDRESS 753 George St		23C. DATE SIGNED 5/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-15/53		24C. NAME OF CEMETERY OR CREMATORY MT AUBURN CEM	
24D. LOCATION (City, town, or county) BALTIMORE		24E. (State) MD.		25. FUNERAL DIRECTOR William A. Jackson	
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		REGISTRAR'S SIGNATURE Thurston Williams, MD		916 ADDRESS Pennsylvania	

VS 150

68352

SONA 1. 20

MADE IN ITALY

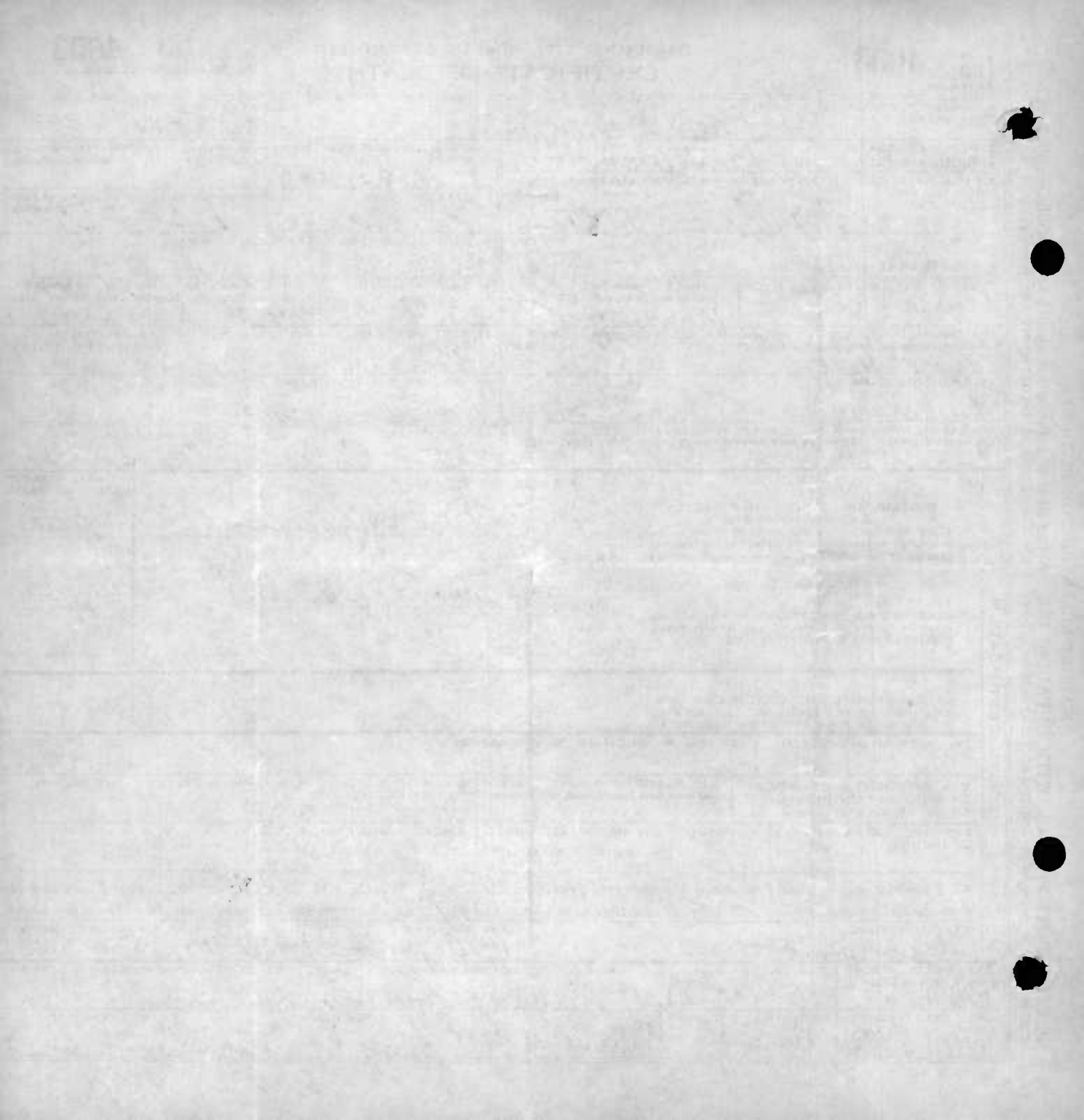
SONA 1. 20



53 4603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4603
Registered No.

1. NAME OF DECEASED (Type or Print) HATTIE SEWARD			2. DATE OF DEATH 5-13-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2529 MC. CULLOH ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-03		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 2529 MC. CULLOH ST.		
5. SEX FEMALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-27-09	9. AGE (In years last birthday) 43	10. Under 1 Year Months: 10 Days: 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) BALTIMORE Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME NORMAN L CARROLL Md.			14. MOTHER'S MAIDEN NAME HATTIE SIDNEY Md.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT HATTIE CARROLL BAKER SE			1516 ADDRESS		
18. 421.0 and 00rx DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Initial Insufficiency DUE TO T.B.C. Arrested DUE TO 2 yrs.			INTERVAL BETWEEN ONSET AND DEATH 1 year		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-11-53 , to 5-13-53 , that I last saw the deceased alive on 5-12-53 and that death occurred at 9:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE George C. Sturge		23B. ADDRESS 1816 N. Mount St. (17)		23C. DATE SIGNED 5-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-18-53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM. BALTIMORE Md.	
24D. LOCATION (City, town, or county) (State) BALTIMORE Md.		25. FUNERAL DIRECTOR William A. Jackson Penna			
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



R-656
53 4604BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4604
Registered No.

1. NAME OF DECEASED (Type or Print) DAVID BENJAMIN KRAMER			2. DATE OF DEATH MAY 14, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MARYLAND			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-12		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3817 TOWANDA AVE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 14, 1922	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY LIQUOR SALES	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Not known			14. MOTHER'S MAIDEN NAME Not known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mollie Kramer - Same		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CORONARY THROMBOSIS DUE TO HYPERTENSIVE ARTERIOSCLEROTIC DISEASE DUE TO CARDIOVASCULAR DISEASE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH 4 1/2 HRS 4 1/2 HRS No of years, Not determined		
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAY 14, 1953 to MAY 14, 1953 that I last saw the deceased alive on MAY 14, 1953 and that death occurred at 8:30 A.M. from the causes and on the date stated above.					
23a. SIGNATURE William D. Reason M.D.		23b. ADDRESS Lutheran Hospital of Md		23c. DATE SIGNED MAY 14, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-15-53		24c. NAME OF CEMETERY OR CREMATORY Herring Run	
24d. LOCATION (City, town, or county) (State) Balto Md		24e. FUNERAL DIRECTOR Jack Lewis Inc		24f. ADDRESS 2100 Centre Rd	
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150 49069	

1001

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4605 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY L. PANOWICZ

2. DATE
OF DEATH May 13, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2612 Hudson StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore 73 yrs
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
2612 Hudson Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 16, 1872

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Press Operator

10B. KIND OF BUSINESS OR INDUSTRY

Metal Container

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael Smelter

14. MOTHER'S MAIDEN NAME

Mary Hopa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Anthony Panowicz, 2734 Kildaire Drive

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Systolic Cardiac Failure

DUE TO

(B)

Coronary Failure & Aortic Dissection

DUE TO

(C)

Pulmonary edema.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to May 13, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin J. Janicki

23B. ADDRESS

2711 Carter Ave. May 13, 1953

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/16/53

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

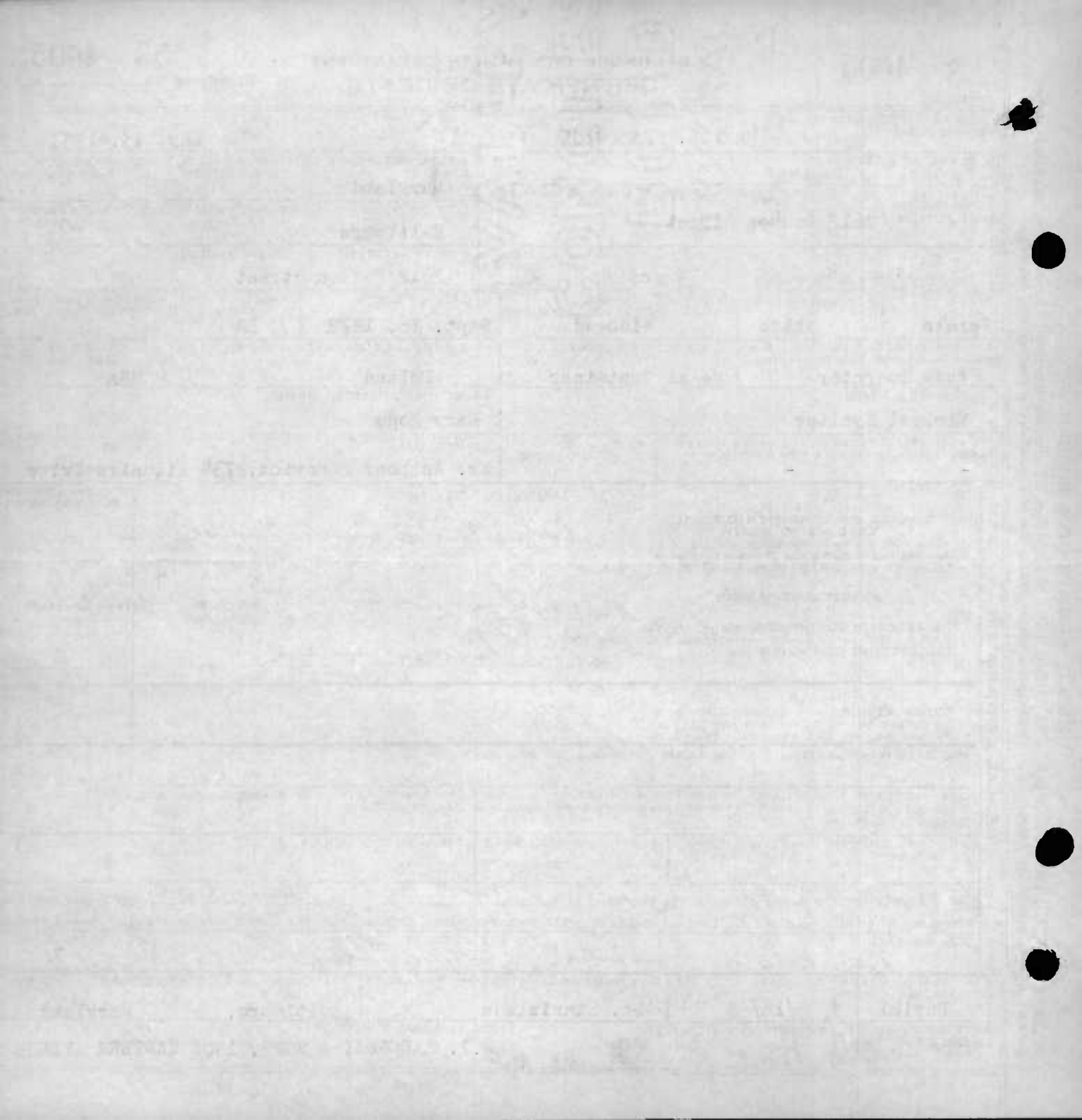
Huntington

25. FUNERAL DIRECTOR

ADDRESS

M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE

Charles D. Sadowski



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

53 4806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4606
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Jennie B. Brown

2. DATE
OF
DEATH

May 13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5103 Wayne Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-02

D. STREET ADDRESS (If rural, give location)

5103 Wayne Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 17, 1870

9. AGE (In years last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Aaron A. Brown

14. MOTHER'S MAIDEN NAME

Euphemia B. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (Cousin) ADDRESS
Mrs. Lillie B. Harvey, 1932 Hollins St

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE OF DEATH

Atherosclerotic Cardis -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Vascular Disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, to May, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William G. Helphrich

23B. ADDRESS

5006 Roland Ave

23C. DATE SIGNED

5/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 15/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry A. Ditzler

ADDRESS

4101 Edmondson Ave.

1908

REPUBLIC OF CHINA
MINISTRY OF FINANCE

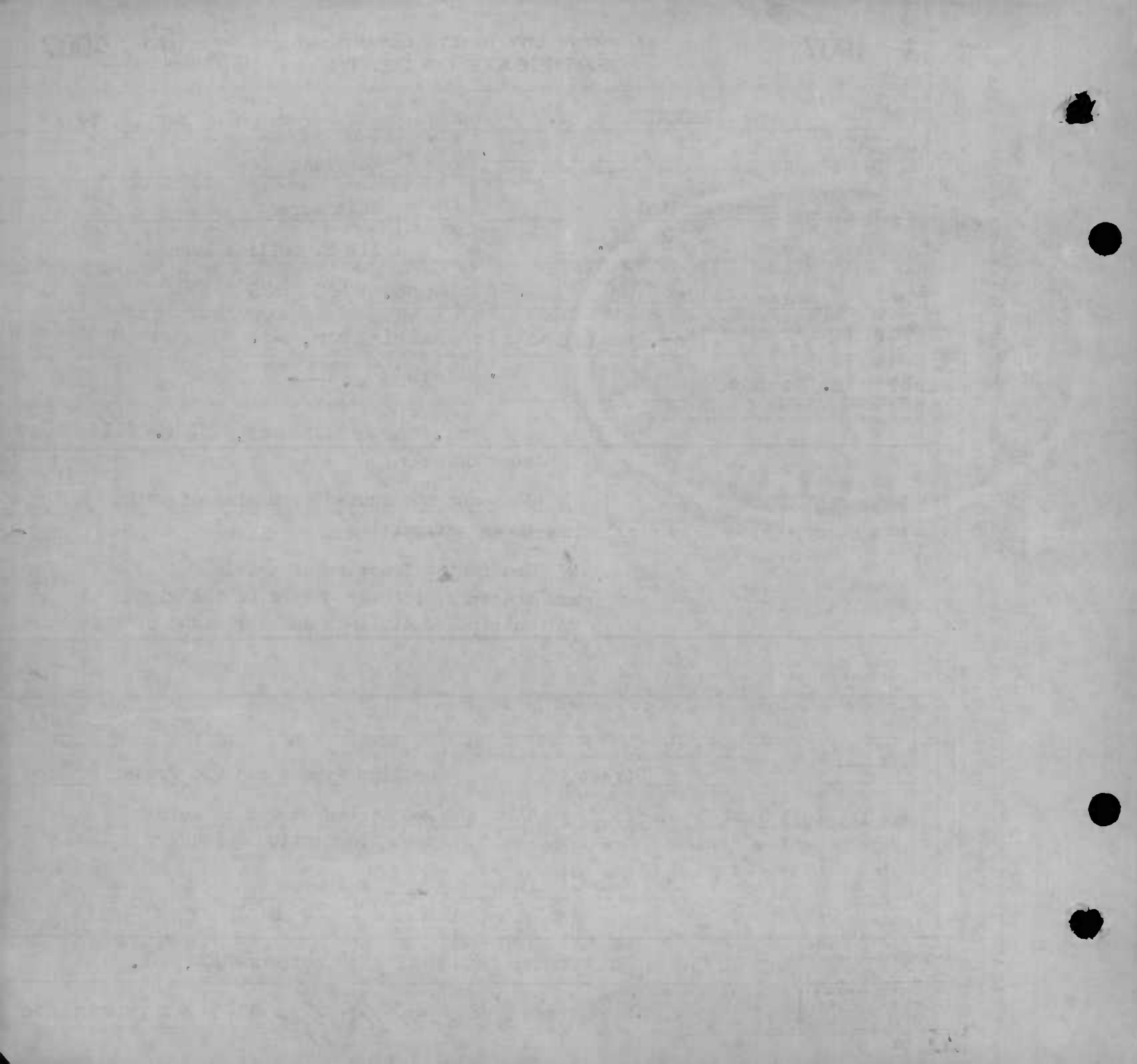
1908



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4607 Registered No.
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) FREDERICK W. ROUSSEY			2. DATE OF DEATH May 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-08	
c. Length of stay in Baltimore 35 yrs.			D. STREET ADDRESS (If rural, give location) 112 S. Collins Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 9/96	9. AGE (in years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Reader			10B. KIND OF BUSINESS OR INDUSTRY Con. Gas & Electric	
11. BIRTHPLACE (State or foreign country) Darlington, Md.			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ashton F. Roussey			14. MOTHER'S MAIDEN NAME Clara J. ----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Audrey Roussey, 112 S. Collins Av			ADDRESS	
18. E812.4 CAUSE OF DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
(A) Compound comminuted fractures of both lower extremities				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
(B) Comminuted fracture of pelvis				
XXXX Fracture of lower 4 ribs on the right				
(C) Multiple contusions and abrasions of head				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? Collins Avenue and Old Frederick Road
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 12, 1953 6:20 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto 2018
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William W. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 12, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 18/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore 29, Md.	
DATE RECEIVED BY LOCAL REGISTRAR May 15 1953		REGISTRAR'S SIGNATURE <i>William W. [Signature]</i>		25. FUNERAL DIRECTOR <i>Harry H. [Signature]</i> ADDRESS 4101 Edmondson Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

53 4609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4609

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2600 Fleet Street

c. Length of stay in Baltimore 35 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

Nov. 30 1878

9. AGE (in years)

last birthday 75

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter Beth. Ship. yard, (Retard)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Karal Walinski

14. MOTHER'S MAIDEN NAME

Ludwika Stalenska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-05-7219 Paul Walinski 1908 Fleet St

17. INFORMANT

ADDRESS

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Congestive Cordiac Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Scurvy Arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1 1953 to May 14, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 7:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Andrew Kungowski

23B. ADDRESS

M. D. 3029 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 18 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county)

Balto. County

(State)

DATE RECEIVED BY

MAY 15 1953

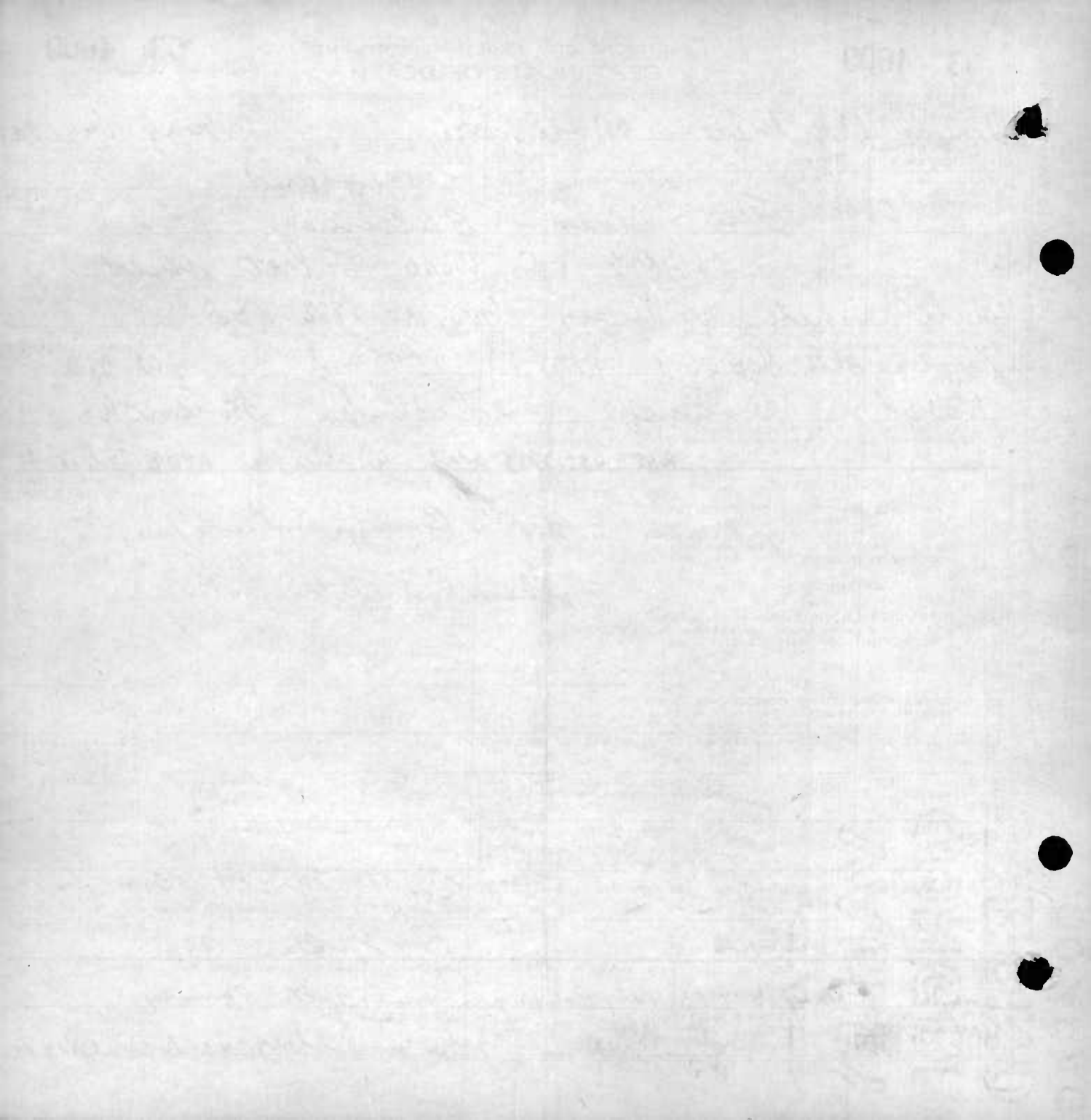
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John W. Weber 401 S. Chester St

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4610

BIRTH NO. 53 4610

1. NAME OF DECEASED (Type or Print) HENRY MELLEN			2. DATE OF DEATH 5-14-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE N.Y. B. COUNTY V-29		
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 356 Pratt st.		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) about 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Fairport N.Y.	
13. FATHER'S NAME Michael Mellen			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Newcomb Funeral Home			18. ADDRESS Pittsford N.Y.		

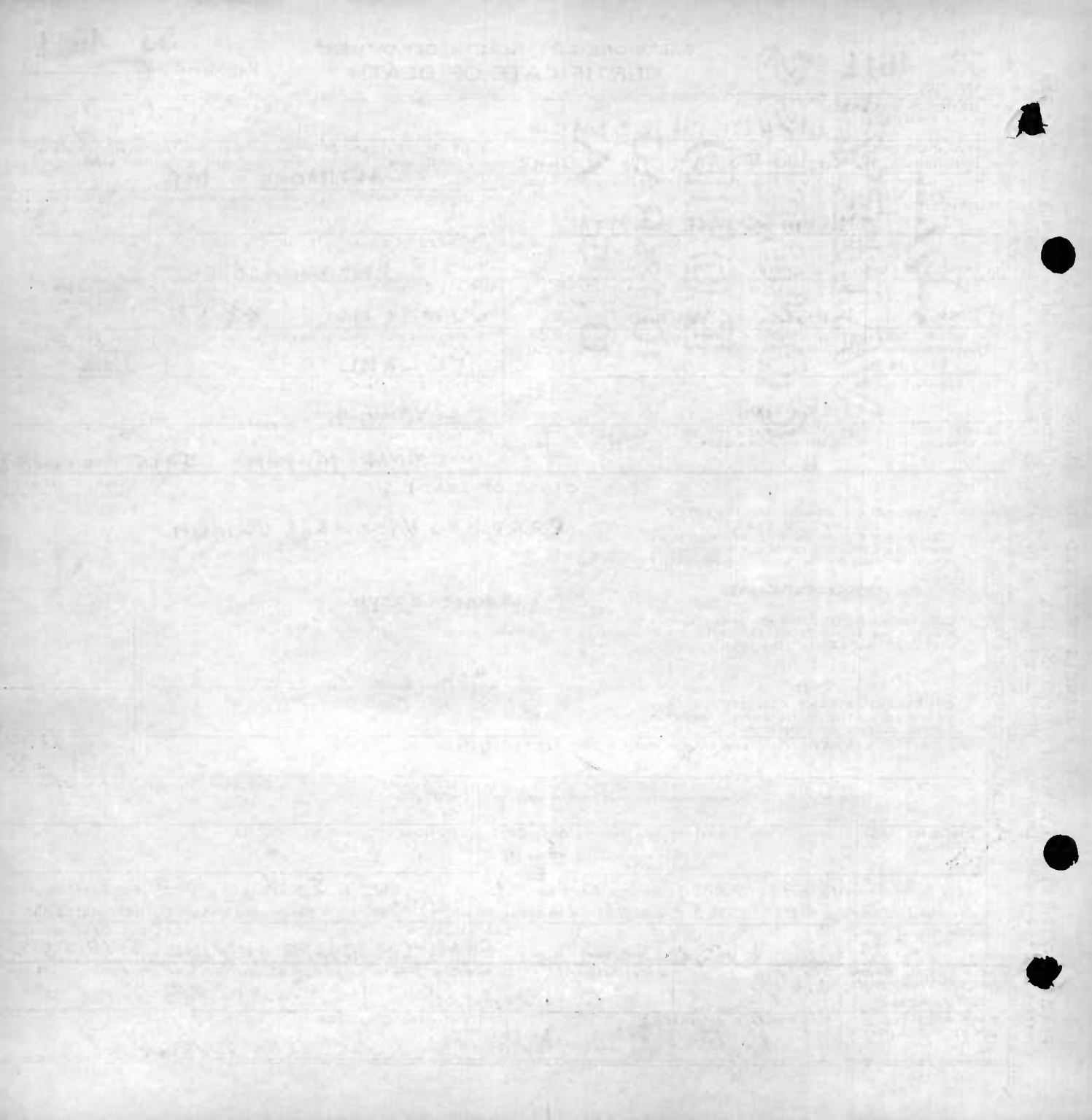
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion DUE TO (B) Hypertensive cardiovascular disease DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 , to 5-14 , 19 53 , that I last saw the deceased alive on 5-14 , 19 53 , and that death occurred at 10¹⁰ pm. , from the causes and on the date stated above.					
23A. SIGNATURE Stanley Baker		23B. ADDRESS 910 W. Lombard St.		23C. DATE SIGNED 5.15.53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/15/53		24C. NAME OF CEMETERY OR CREMATORY Rochester Monroe Co. N.Y.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		REGISTRAR'S SIGNATURE Huntington Harrison, M.D.		25. FUNERAL DIRECTOR Cook Inc. ADDRESS 1217 St. Paul st.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

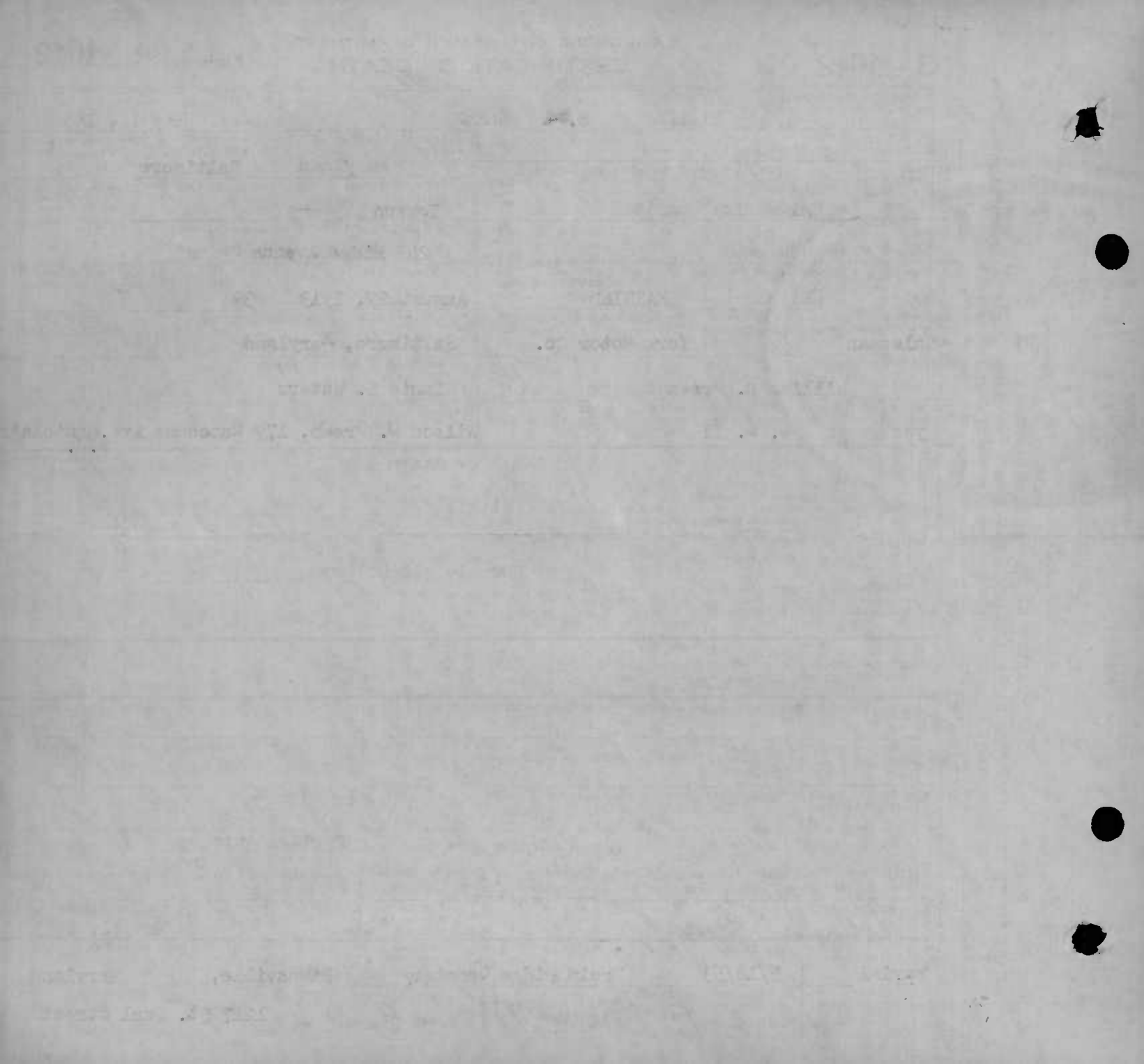
BIRTH NO. 53 4611				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4611		
1. NAME OF DECEASED (Type or Print) ELIZABETH B. SMITH				2. DATE OF DEATH 5-14-53				
3. PLACE OF DEATH: a. Baltimore City, Maryland FRANKLIN SQUARE				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE BALTIMORE b. COUNTY MD.				
b. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSPITAL				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 8-01				
c. Length of stay in Baltimore Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) 3315 Richmond AVE.				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JUNE 29, 1865		9. AGE (In years last birthday) 87		10 Under 1 Year Months: Days: Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS EMMA MURHN 3315 Richmond AVE.					
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRO VASCULAR ACCIDENT DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROSIS DUE TO Old age				CAUSE OF DEATH CEREBRO VASCULAR ACCIDENT ARTERIOSCLEROSIS Old age				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5-1 19 53 , to 5-14 19 53 , that I last saw the deceased alive on 5-14 19 53 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Magin Quimbar		23b. ADDRESS FRANKLIN SQUARE HOSPITAL		23c. DATE SIGNED 5-14-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/53		24c. NAME OF CEMETERY OR CREMATORY Parkwood		24d. LOCATION (City, town, or county) (State) Parkville Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS COR. INC. 1217 St. Paul St.				



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4612
53 4612 BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM W. GREEN		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <div style="text-align: center; font-size: 1.2em;">University Hospital</div>		2. DATE OF DEATH May 14, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) <div style="text-align: center; font-size: 1.2em;">Maryland Baltimore</div> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <div style="text-align: center; font-size: 1.2em;">Towson</div> D. STREET ADDRESS (If rural, give location) <div style="text-align: center; font-size: 1.2em;">249 Ridge Avenue</div>		
c. Length of stay in Baltimore 5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <div style="text-align: center; font-size: 1.2em;">MARRIED</div>		8. DATE OF BIRTH August 29, 1913 9. AGE (in years last birthday) 39 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <div style="text-align: center; font-size: 1.2em;">Salesman</div> 10B. KIND OF BUSINESS OR INDUSTRY <div style="text-align: center; font-size: 1.2em;">York Motor Co.</div>		
13. FATHER'S NAME <div style="text-align: center; font-size: 1.2em;">William O. Green</div>		11. BIRTHPLACE (State or foreign country) <div style="text-align: center; font-size: 1.2em;">Baltimore, Maryland</div> 12. CITIZEN OF WHAT COUNTRY? <div style="text-align: center; font-size: 1.2em;">U.S.</div>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <div style="text-align: center; font-size: 1.2em;">yes</div>		16. SOCIAL SECURITY NO. <div style="text-align: center; font-size: 1.2em;">W. W. II</div>		
17. INFORMANT <div style="text-align: center; font-size: 1.2em;">Wilson O. Green</div>		ADDRESS <div style="text-align: center; font-size: 1.2em;">179 Watchung Ave. Montclair</div>		
18. 581.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <div style="text-align: center; font-size: 1.2em;">Fatty liver</div> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <div style="text-align: center; font-size: 1.2em;">Chronic alcoholism</div>				INTERVAL BETWEEN ONSET AND DEATH <div style="text-align: center; font-size: 1.2em;">N/A</div>
19A. DATE OF OPERATION <div style="text-align: center; font-size: 1.2em;">5/16/53</div>		19B. MAJOR FINDINGS OF OPERATION <div style="text-align: center; font-size: 1.2em;">Partial Autopsy</div>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <div style="text-align: center; font-size: 1.2em;">Partial Autopsy</div>		
21D. TIME (Month) (Day) (Year) (Hour) <div style="text-align: center; font-size: 1.2em;">MAY 15 1953</div>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
23A. SIGNATURE <div style="text-align: center; font-size: 1.2em;">Huntington Williams, M.D.</div>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> <div style="text-align: center; font-size: 1.2em;">May 14, 1953</div>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <div style="text-align: center; font-size: 1.2em;">burial</div>		24B. DATE <div style="text-align: center; font-size: 1.2em;">5/16/53</div>		
24C. NAME OF CEMETERY OR CREMATORY <div style="text-align: center; font-size: 1.2em;">Druid Ridge Cemetery</div>		24D. LOCATION (City, town, or county) (State) <div style="text-align: center; font-size: 1.2em;">Pikesville, Maryland</div>		
DATE RECEIVED BY LOCAL REGISTRAR <div style="text-align: center; font-size: 1.2em;">MAY 15 1953</div>		25. FUNERAL DIRECTOR ADDRESS <div style="text-align: center; font-size: 1.2em;">Hm. Cook, Inc., 1217 St. Paul Street</div>		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4613BIRTH NO. 53 46131. NAME OF DECEASED
(Type or Print)Bernard A. Butler2. DATE
OF
DEATHMay 14-19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)IndB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1953 to May 14, 1953, that I last saw the
deceased alive on May 14, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CENTRICAL BANK

1911



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

H-400
53 4614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4614
Registered No. 3698

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Chester E. Hill		May 12-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1423 W. Lafayette Ave 40 Yrs. Mos. Days		Balt. 16-02			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		1423 W. Lafayette Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (in years last birthday)	If Under 1 Year Months: Days
M	C	M.	May 4-1888	65	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Janitor		Apt. House		Essex Co. Va.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Wm Hill		Jessie L. Ware		U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
		217-05-1791		Nettie Hill - 1423 Lafayette Ave	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) MYOCARDITIS		DUE TO		Unknown	
ANTECEDENT CAUSES		(B) Atherosclerosis + hypertension		Unknown	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
		m.			
22. I hereby certify that I attended the deceased from 12-25-1952 to 5-12-1953, that I last saw the deceased alive on 5-11-1953, and that death occurred at 11 P. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Frank A. Saunders M. D.		1029 N. Stuyvesant St.		5-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial	5-16-53	Western Star Co.		Balt. - Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 15 1953		Huntington Williams, M.D.		Samuel W. Sullivan, Jr.	

770741011 N. Arlington Ave

CERTIFICATE OF DEATH

WASHINGTON CITY HEALTH DEPARTMENT

DO NOT WRITE IN THESE SPACES

DATE OF DEATH
PLACE HERE
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4615
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Marie E. Dean</i>			2. DATE OF DEATH <i>May 12-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balto.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2542 Mc Culloch</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 13-03</i>		
c. Length of stay in Baltimore <i>40</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2542 Mc Culloch St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Jan. 8-1883</i>	9. AGE (In years last birthday) <i>70</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Cumberland Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Stephen Hill</i>			14. MOTHER'S MAIDEN NAME <i>Harrith Dungee</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>Hattie Gardner 2542 Mc Culloch</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Essential Hypertension</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-1</i> , 19 <i>53</i> to <i>5-12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-12</i> , 19 <i>53</i> , and that death occurred at <i>3:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Stenford P. Brunsden</i> M. D.		23B. ADDRESS <i>2309 Dund Hill Ave</i>		23C. DATE SIGNED <i>5-15-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-16-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Level Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Cumberland Va</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan</i>		ADDRESS <i>720 & A 1011 N. Arlington Ave</i>	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4616
Registered No. 53 4616

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Brennan BRANNEN

2. DATE
OF
DEATH

5/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1002 S. Putaw St.

21-01

D. STREET ADDRESS (If rural, give location)

Baltimore Md.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 19. 88

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Brannen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Sabb 121 S. Stockton St.

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic carcinoma
of the lungsINTERVAL BETWEEN
ONSET AND DEATH

months

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Secondary anemia

months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953 to 5-13-53; that I last saw the
deceased alive on 5-13-53, and that death occurred at 11:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

M. D.

South Baltimore General Hosp.

23C. DATE SIGNED

5-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/18/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1000 Beatty Ave

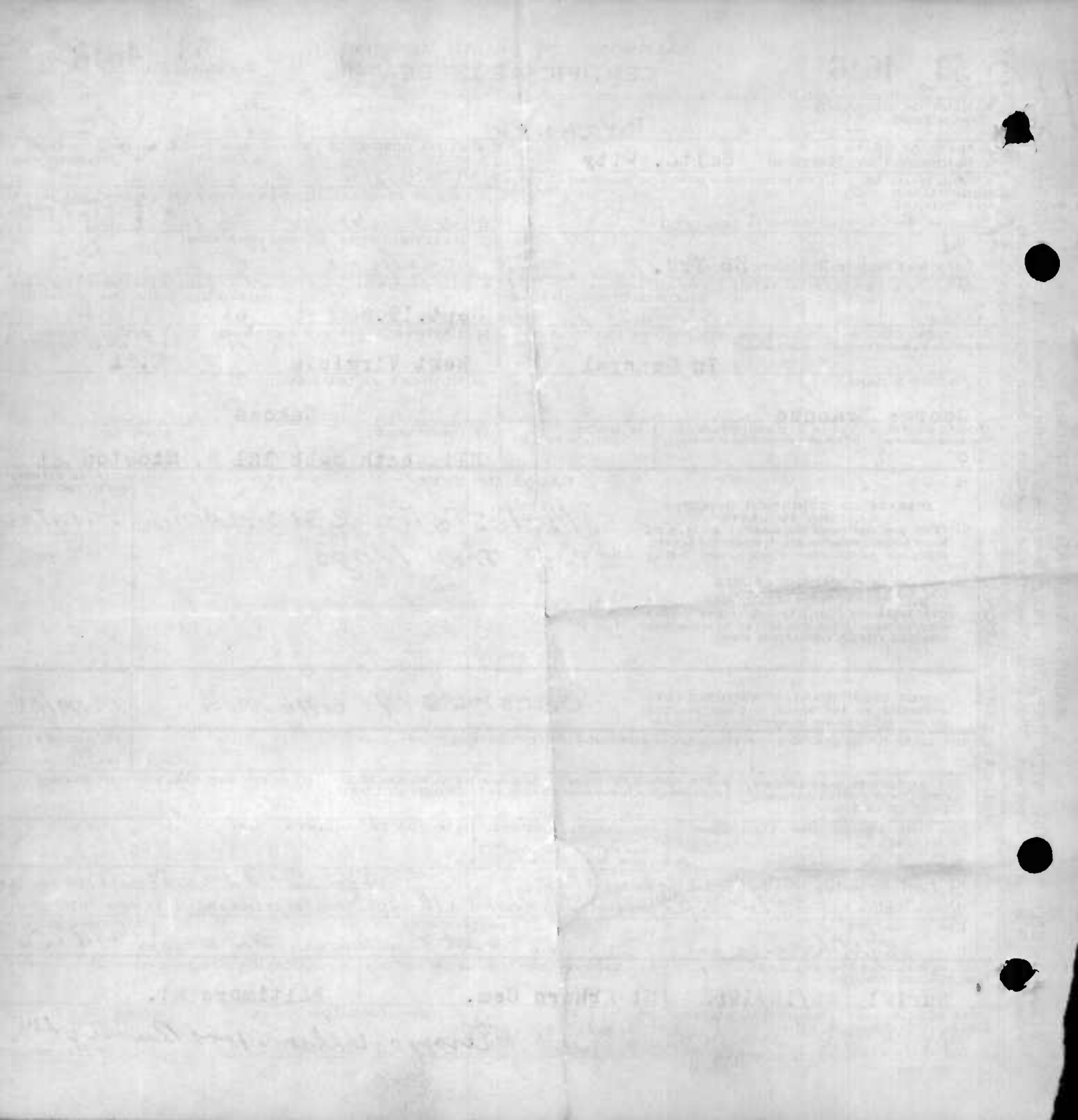
VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4617

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy F. Hurd

2. DATE
OF
DEATH

5/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7/5/92

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ESSEX COUNTY, VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Hubbard

14. MOTHER'S MAIDEN NAME

Emma Woodfork

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pneumonia

DUE TO

(B) Cerebral vascular accident - 10 days

DUE TO

(C) Hypertensive heart disease 10 yrs.

INTERVAL BETWEEN
ONSET AND DEATH

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7, 1953, to 5/13, 1953, that I last saw the
deceased alive on 5/13, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. H. Hadden

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

5/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/16/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles H. Cooper

ADDRESS

512 Canwellton Rd.

• • •

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4618
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edna Mae Fox

2. DATE
OF
DEATH

May 12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

25 S. Calhoun St.

C. CITY OR TOWN (If outside corporate limits, write R.U.I. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

25 S. Calhoun St.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 5/12

9. AGE (In years;

last birthday)

41

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Morrison Jeffers

14. MOTHER'S MAIDEN NAME

Ella M. Musgrove

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (Husband)

ADDRESS

George Fox, 25 S. Calhoun St.

18. 170x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma both lung & spine

DUE TO

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastasis from Carcinoma Breast

DUE TO

2 1/2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 1953, to May 12, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harrison B. Schriber

23B. ADDRESS

54 S. Fulton Ave.

23C. DATE SIGNED

5-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 16/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn 7, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25 FUNERAL DIRECTOR

Harry N. White

ADDRESS

4101 Edmondson Ave.

8104-53

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

10-10-68

U.S. DEPT. OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

TELEPHONE (202) 344-3111

TELETYPE (202) 344-3111

MAIL ROOM (202) 344-3111

RECORDS SECTION (202) 344-3111

TRAINING SECTION (202) 344-3111

IDENTIFICATION SECTION (202) 344-3111

LABORATORY SECTION (202) 344-3111

COMMUNICATIONS SECTION (202) 344-3111

ADMINISTRATIVE SECTION (202) 344-3111

GENERAL INVESTIGATIVE DIVISION (202) 344-3111

INVESTIGATIVE DIVISION (202) 344-3111

INVESTIGATIVE DIVISION (202) 344-3111

INVESTIGATIVE DIVISION (202) 344-3111

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-636

53 4619

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 4619
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK CARTER

2. DATE OF DEATH
May 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1155 E. Lombard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-1-1912

9. AGE (in years last birthday)

41

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Prince Edward Co. Va. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thad Carter

14. MOTHER'S MAIDEN NAME

Jonnie Craishead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Munford Carter 308 Chamber St. Lyttichburg Va.

18. E 983X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute meningitis

DUE TO Abscess of brain following head injury

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1155 E. Lombard Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan. 23, 1953 10:30 P. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck during altercation

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-15-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cmet. Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Randolph J. Collick

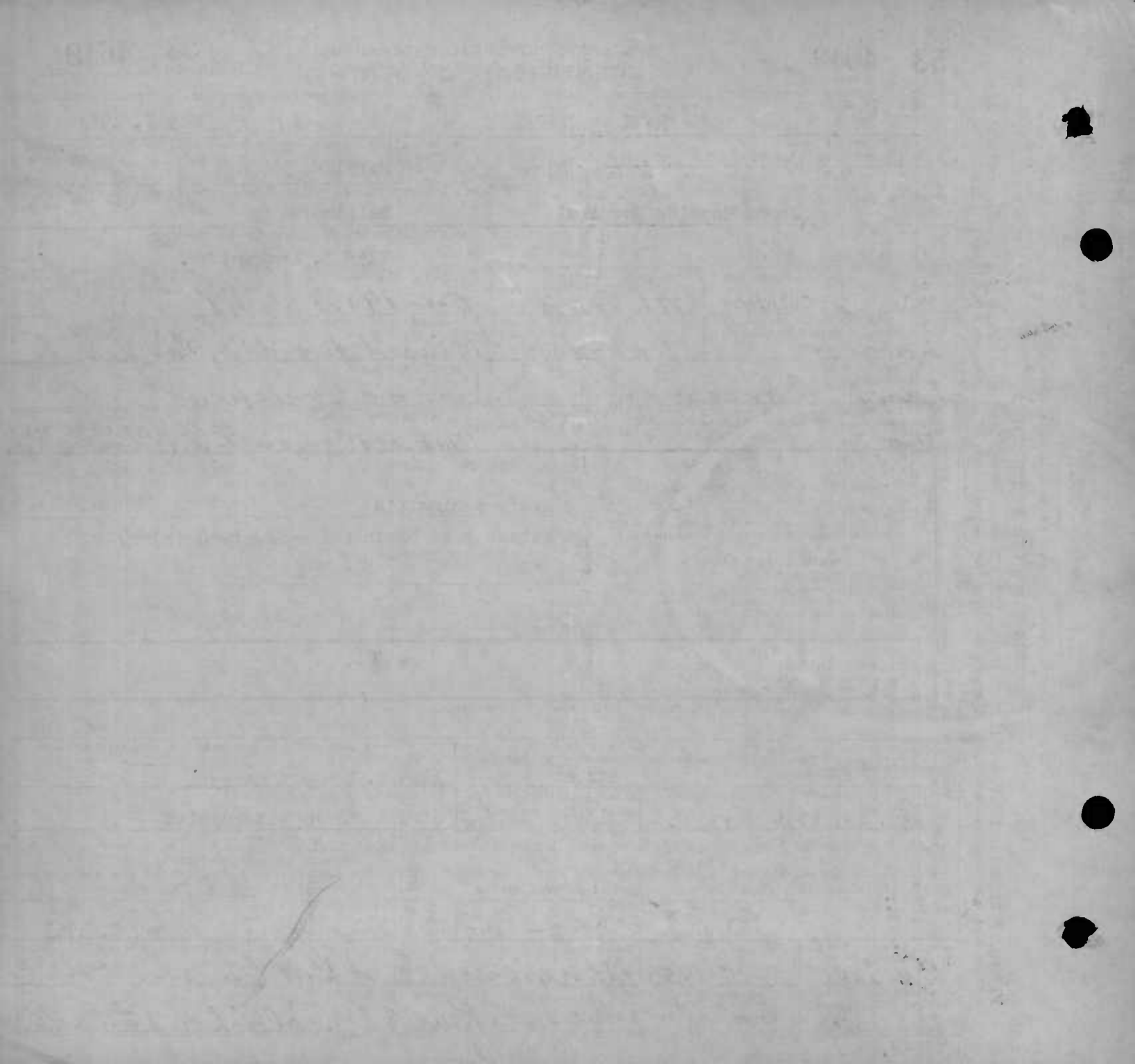
ADDRESS

1412 E. Pratt St.

VS 151

N 8 56.9

97099



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4620**

BIRTH NO. **53 4620**

1. NAME OF DECEASED (Type or Print) William H. Green		2. DATE OF DEATH May 14, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 540 W. Lanvale St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 540 W. Lanvale St.	
5. SEX MALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17, 1878
9. AGE (In years last birthday) 74	10. KIND OF BUSINESS OR INDUSTRY Waiter	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME Micheal Green		14. MOTHER'S MAIDEN NAME Brooks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Bertha P. Green		ADDRESS 540 W. Lanvale	

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of prostate DUE TO (A) Carcinoma of prostate (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION April 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 2, 1953 to May 14, 1953 and that death occurred at 6:50 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Robert T. Kany		23B. ADDRESS 544 W. North Ave		23C. DATE SIGNED May 15-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-18-53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Joseph W. Raden		ADDRESS 578 W. Biddle St.

VS 150

784 614

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The age is especially important.

1950

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1962

1962

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-550

FONNAN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4621
BIRTH NO.53 4621
Registered No.

1. NAME OF DECEASED (Type or Print) Belle Fannan			2. DATE OF DEATH May 13, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Md. b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) Box-302-A Croom Spring Rd.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-15-86		9. AGE (In years, last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U. S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Nancey Turner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-13 , 19 53 , to 5-13 , 19 53 , that I last saw the deceased alive on 5-13 , 19 53 , and that death occurred at 7:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE W.E. Mattison Jr.		23b. ADDRESS JOHNS HOPKINS HOSPITAL	23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-16-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24d. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mr. Francis C. Heasley
		ADDRESS 5184 Biddle St	

1901

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4622

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN FRANK BAKER

2. DATE OF DEATH

5/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)

A. STATE MARYLAND COUNTY BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MARYLAND General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-010

C. Length of stay in Baltimore

63 years

D. STREET ADDRESS (If rural, give location)

7 South CONTING ST

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2 JAN 1890

9. AGE (In years last birthday)

63

10. Under 1 Year Months Days

4 24

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

GLASS BLOWER

10B. KIND OF BUSINESS OR INDUSTRY

GLASS BLOWER

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md. U. S.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

JOHN BAKER

14. MOTHER'S MAIDEN NAME

FRANCES MARIE KLOPH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

215-10-9533

17. INFORMANT

JOHN F. BAKER JR Baltimore

ADDRESS

326 William

18.

157X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma

DUE TO

(B)

Carcinoma Pancreas

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 weeks

7 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1953 to 5/14, 1953 that I last saw the deceased alive on 5/14, 1953, and that death occurred at 11:50 pm., from the causes and on the date stated above.

23A. SIGNATURE

John T. Lees

23B. ADDRESS

Montland General

23C. DATE SIGNED

5/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY-18-53

24C. NAME OF CEMETERY OR CREMATORY

HOUDON PARK CEM

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1953

REGISTRAR'S SIGNATURE

Thurmon

25. FUNERAL DIRECTOR

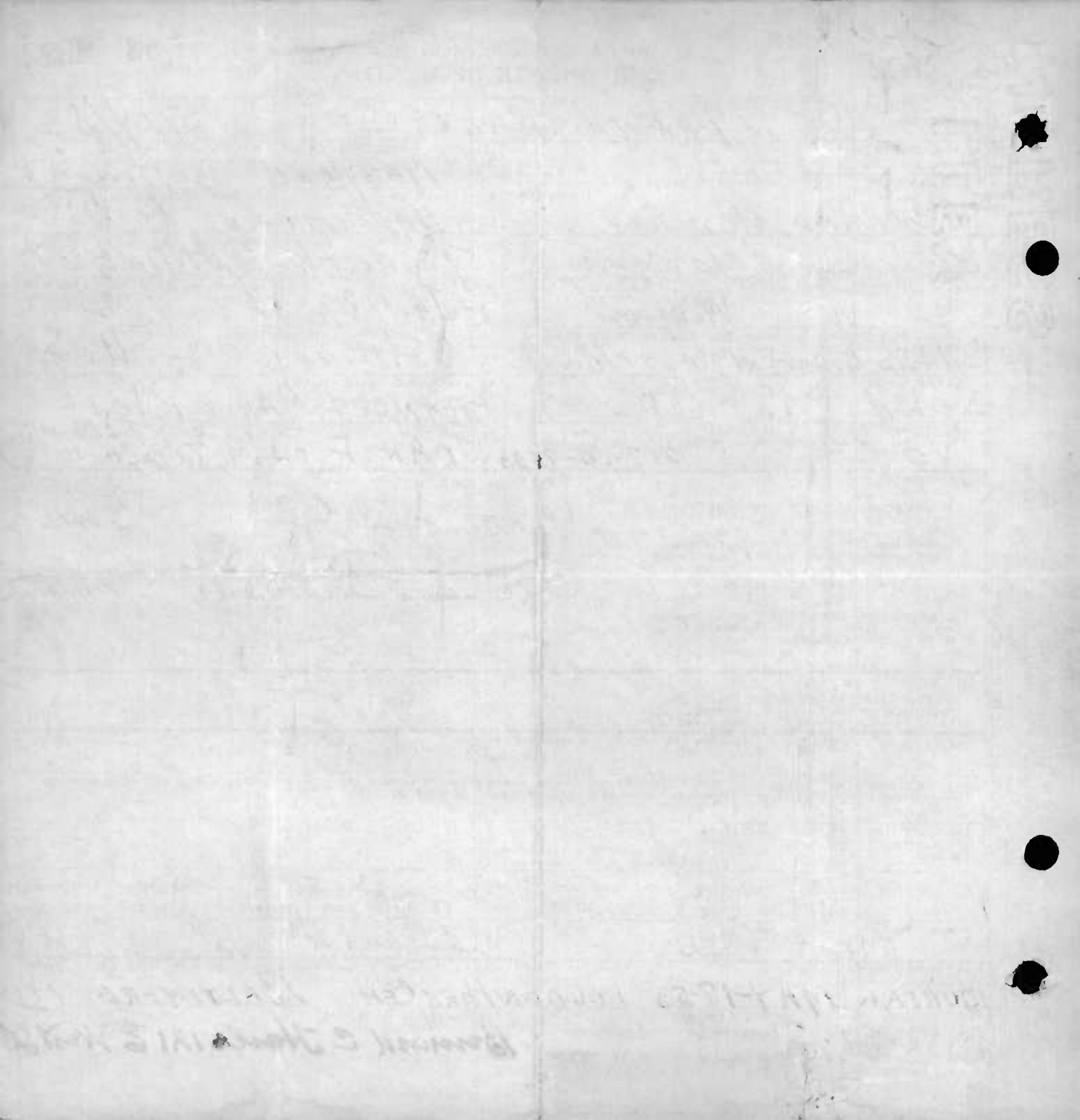
Burnard C. Harbo

ADDRESS

121 E. W. St.

VS 150

594 35



53 4623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4623
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Gail

2. DATE
OF
DEATH

May 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

BALTO

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

705 School St

C. CITY OR TOWN

BALTO

(If outside corporate limits, write full name of town, city, county and give township)

c. Length of stay in Baltimore

60 years

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

705 School St

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

w

8. DATE OF BIRTH

Feb 10, 1881

9. AGE (In years
last birthday)

71

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carrie Johnson 1527 Woodley St

18. 442X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cardio-Renal-Vascular
Disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10-52, 19, to 5-14-53, 19, that I last saw the
deceased alive on 5-13-53, 19, and that death occurred at 2:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE

George C. Page

23b. ADDRESS

M. O.

1816 Mount St. (17)

23c. DATE SIGNED

5-15-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

5/16/53

24c. NAME OF CEMETERY OR CREMATORY

Laurel Cem.

24d. LOCATION (City, town, or county)

Laurel, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. H. Kelson 1303

ADDRESS

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

SIGNATURE OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4824

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Nephritis

DUE TO

1949

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-1949 to 5-14-1953, that I last saw the
deceased alive on 5-13-1953, and that death occurred at 2:25 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1001-1004

1001-1004

THE STATE OF CALIFORNIA

CERTIFICATE OF DEATH

1001-1004



53 H-200
4625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4625

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE M. HECK

2. DATE OF DEATH May 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

830 Harlem Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
830 Harlem Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Mar. 12, 1879

9. AGE (in years last birthday)

74

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Heck

14. MOTHER'S MAIDEN NAME
Louise C. Bald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Minnie E. Heck - 830 Harlem Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. ...

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED May 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/16/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Thos. J. Sweeney & Sons

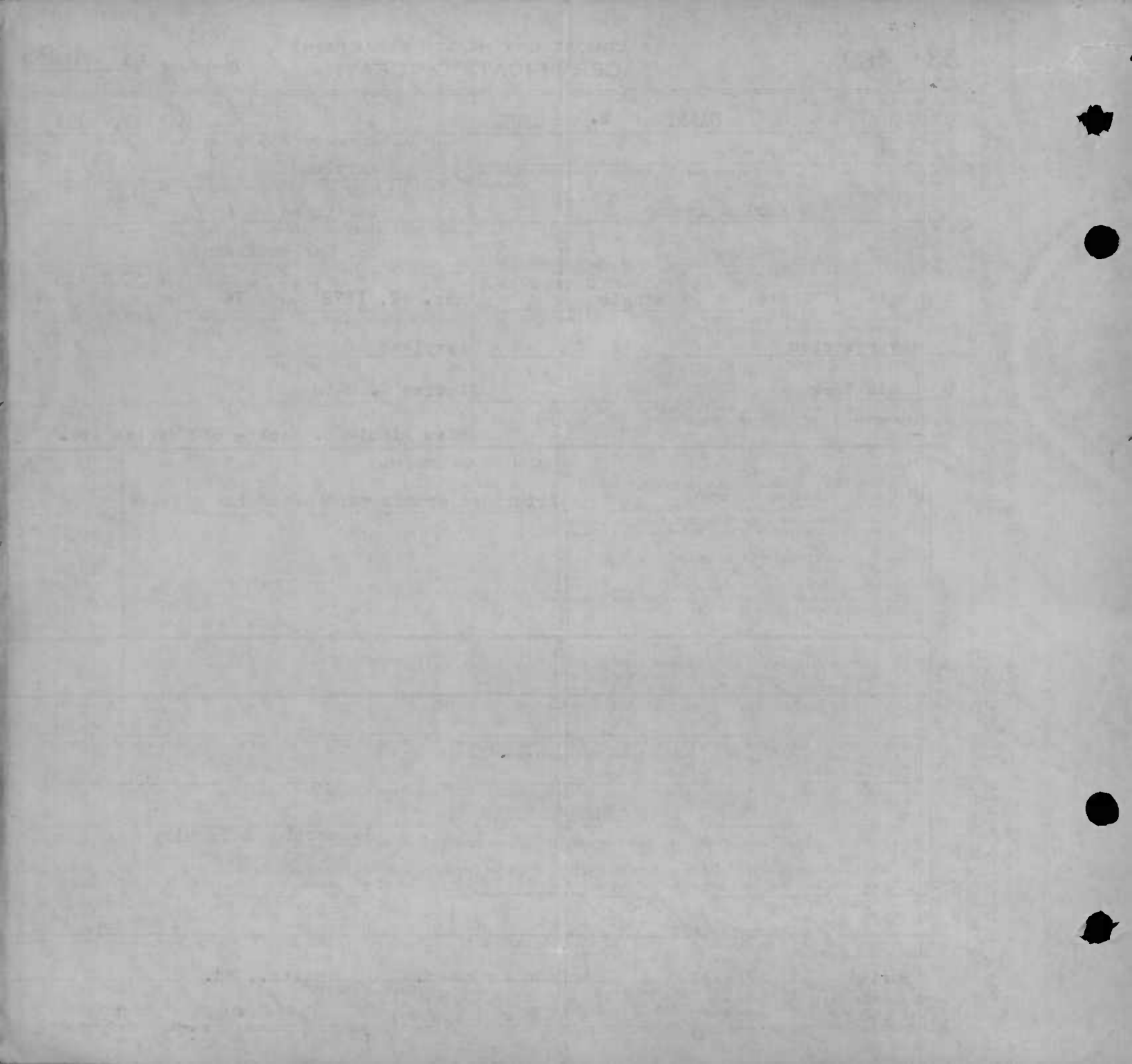
ADDRESS

Balto., Md.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				53 4626		Registered No. 53 4626	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
DRAYTON CROWTHER HARRISON				May 13, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE Maryland			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				B. COUNTY			
Union Memorial Hospital				Baltimore			
D. STREET ADDRESS (If rural, give location)				4308 Greenway			
c. Length of stay in Baltimore				Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		White		Married		Sept. 12, 1916	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years, last birthday)		If Under 1 Year Months: Days	
President		Bldg. & Constr. Equip.		36		If Under 24 Hours Hours: Min.	
11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?			
Pennsylvania				Elizabeth Crowther			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Wm. Edw. Harrison				Elizabeth Crowther			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
no		160-18-3269		Mrs. Cornelia Harrison-4308 Greenway			
18. 420.1 I CAUSE OF DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
(A) Coronary occlusion							
DUE TO							
ANTECEDENT CAUSES							
(B) DUE TO							
(C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE				23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED	
Wm. J. Pickner				M.D. <input checked="" type="checkbox"/>		May 14, 1953	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		5/16/53		Loudon Park Cem.		Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
MAY 15 1953		Huntington Williams, M.D.		Wm. J. Pickner & Sons		Balto 17, Md.	

2. The paper is made of
1. The paper is made of

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4627

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard U Clogg

2. DATE
OF
DEATH

May 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hosp

c. Length of stay in Baltimore

-

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

insurance

13. FATHER'S NAME

Henry Clogg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

-

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

Greenway Apts. Balto-18

8. DATE OF BIRTH

Oct 21, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Jennie Mason

17. INFORMANT

Mrs Mary Clogg

ADDRESS

same

18.

420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

cerebral embolus

INTERVAL BETWEEN
ONSET AND DEATH

1 day -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

arterial embolus at leg

6 days

generalized arteriosclerosis
arteriosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 9, 1953

19B. MAJOR FINDINGS OF OPERATION

embolus at femoral & popliteal artery

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1953, to May 14, 1953, that I last saw the
deceased alive on May 14, 1953, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Mary Lorne Clogg

23B. ADDRESS

Union Memorial

23C. DATE SIGNED

May 14, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/16/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Mausoleum

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1953

REGISTRAR'S SIGNATURE

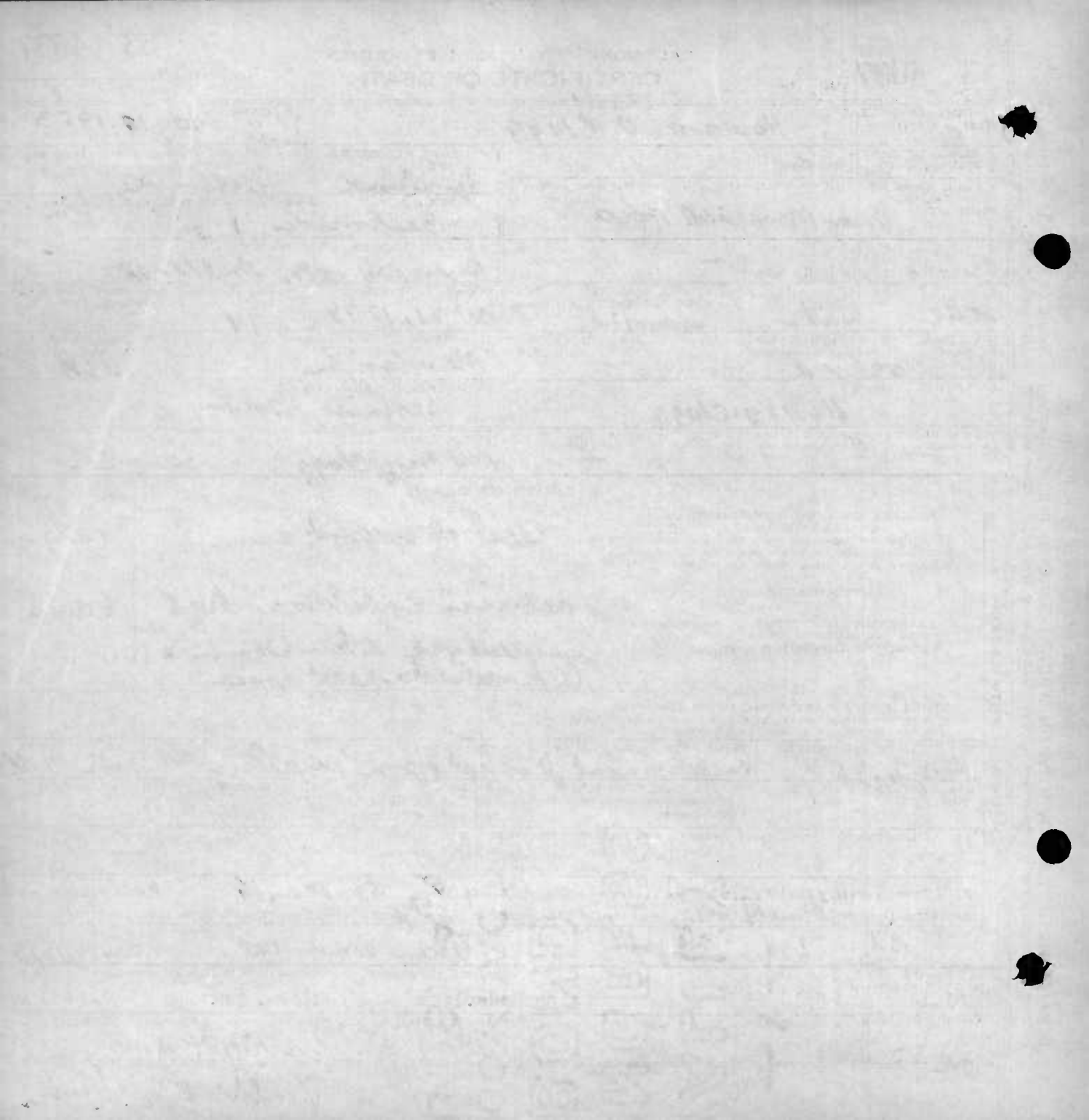
Huntington Holloman, Jr.

25. FUNERAL DIRECTOR

J. J. Vickers & Sons

ADDRESS

Baltimore, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

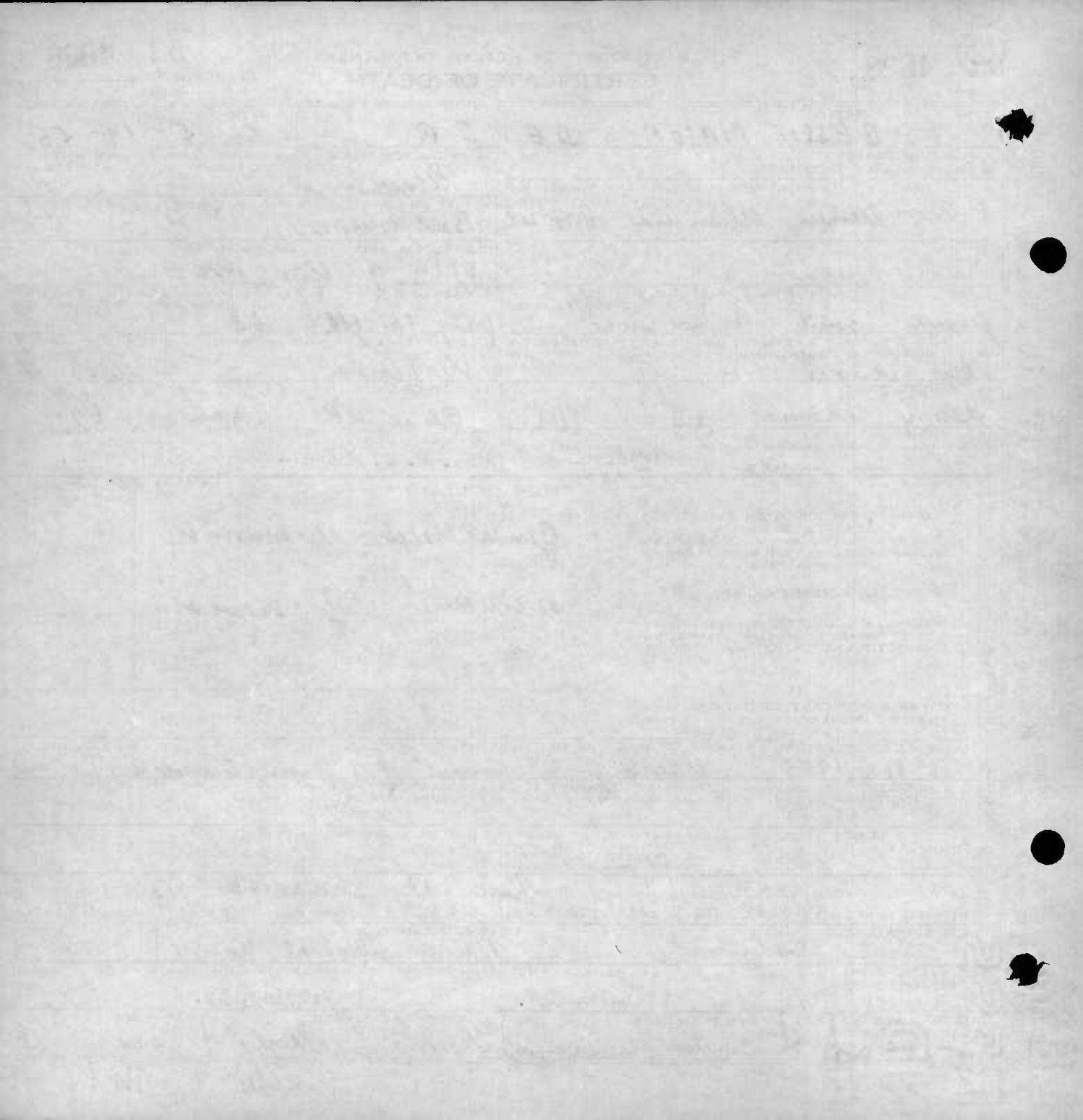
MARGIN RESERVED FOR BINDING

10-160
53 4628

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4628
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BESSIE MASON DEVER		2. DATE OF DEATH 5-14-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-00			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. 7 Mos. 1 Days		D. STREET ADDRESS (If rural, give location) 3219 Guilford Ave.			
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 16, 1884	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hair checker		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Henry Thomas Mason		14. MOTHER'S MAIDEN NAME Elisabeth Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no answer		16. SOCIAL SECURITY NO. 212-22-8809		17. INFORMANT ADDRESS Mrs. W. N. Mason - 538 Washington Pk. Norfolk, Va.	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Generalised metastases DUE TO		CAUSE OF DEATH (A) carcinoma of sigmoid. DUE TO (B) (C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3-31-1953		19B. MAJOR FINDINGS OF OPERATION Infiltrating carcinoma of sigmoid & metastases		20. AUTOPSY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 26th , 19 53 to May 14th , 19 53 that I last saw the deceased alive on May 14 , 19 53 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Louise Schaefer		23B. ADDRESS M. D. Union Memorial Hospital		23C. DATE SIGNED 5-14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/15/53		24C. NAME OF CEMETERY OR CREMATORY Liberty Cem.	
24D. LOCATION (City, town, or county) (State) Parksley, Va.		24E. FUNERAL DIRECTOR Wm. J. Pickens & Sons			
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS Baeto 17, Md.	



MARGIN RESERVED FOR BINDING

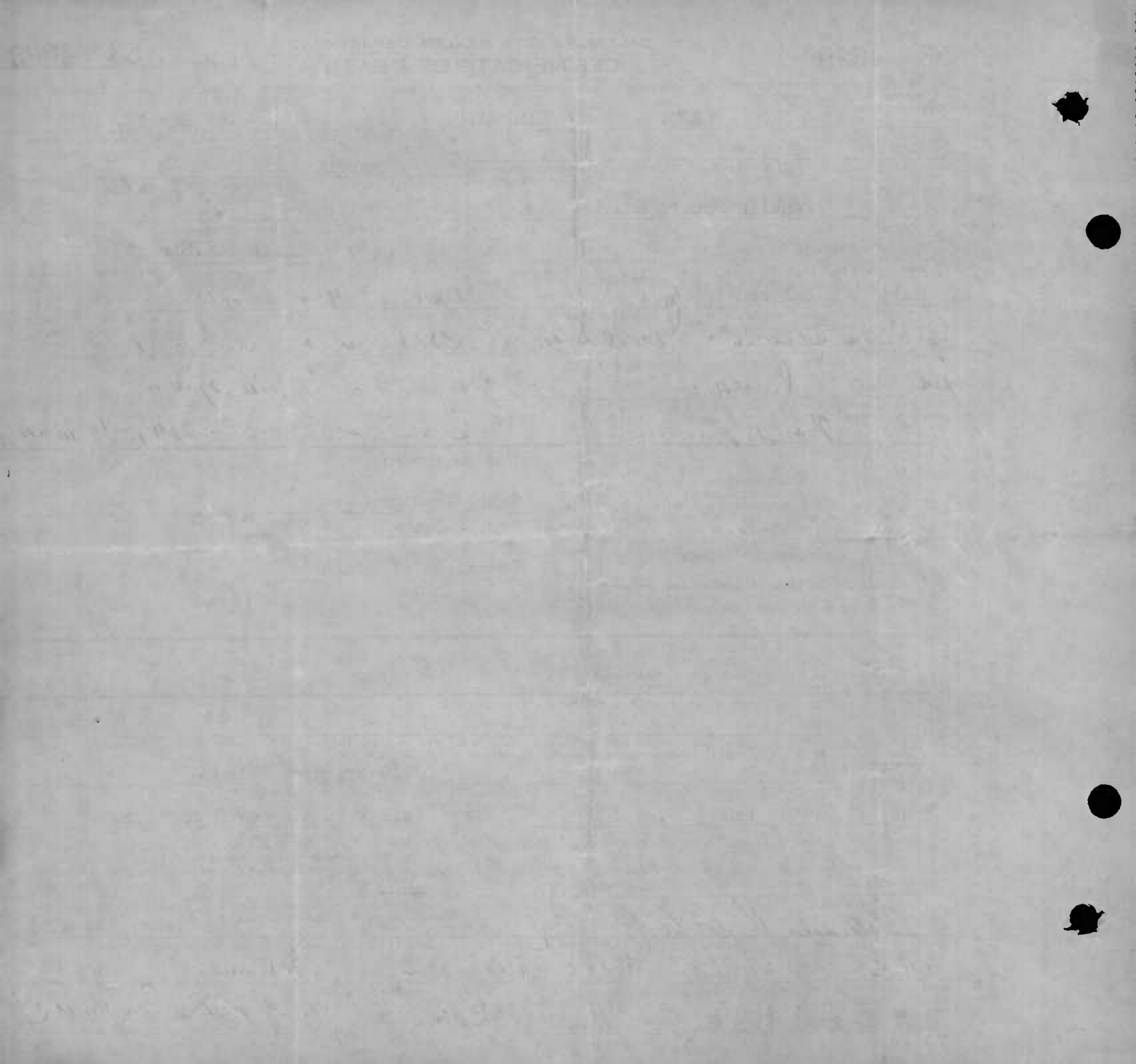
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-512
53 4829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4829

1. NAME OF DECEASED (Type or Print)		LEROY SIMPSON		2. DATE OF DEATH May 14, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 2429 W. Lexington Street	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30, 1912	9. AGE (In years last birthday) 40	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glaucous painter		10B. KIND OF BUSINESS OR INDUSTRY Social Security		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Samuel Woinquest		14. MOTHER'S MAIDEN NAME Mary Hutchins Simpson		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT Rose Simpson	
18. E 902.0 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Skull fracture			
ANTECEDENT CAUSES		(B) Contusion of brain			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) House		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2819 Brighton Street	
21D. TIME (Month) (Day) (Year) (Hour) May 13, 1953 1:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell when the porch collapsed	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED May 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/18/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR May 15 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Young		24H. ADDRESS 1216 W. Caroline St			

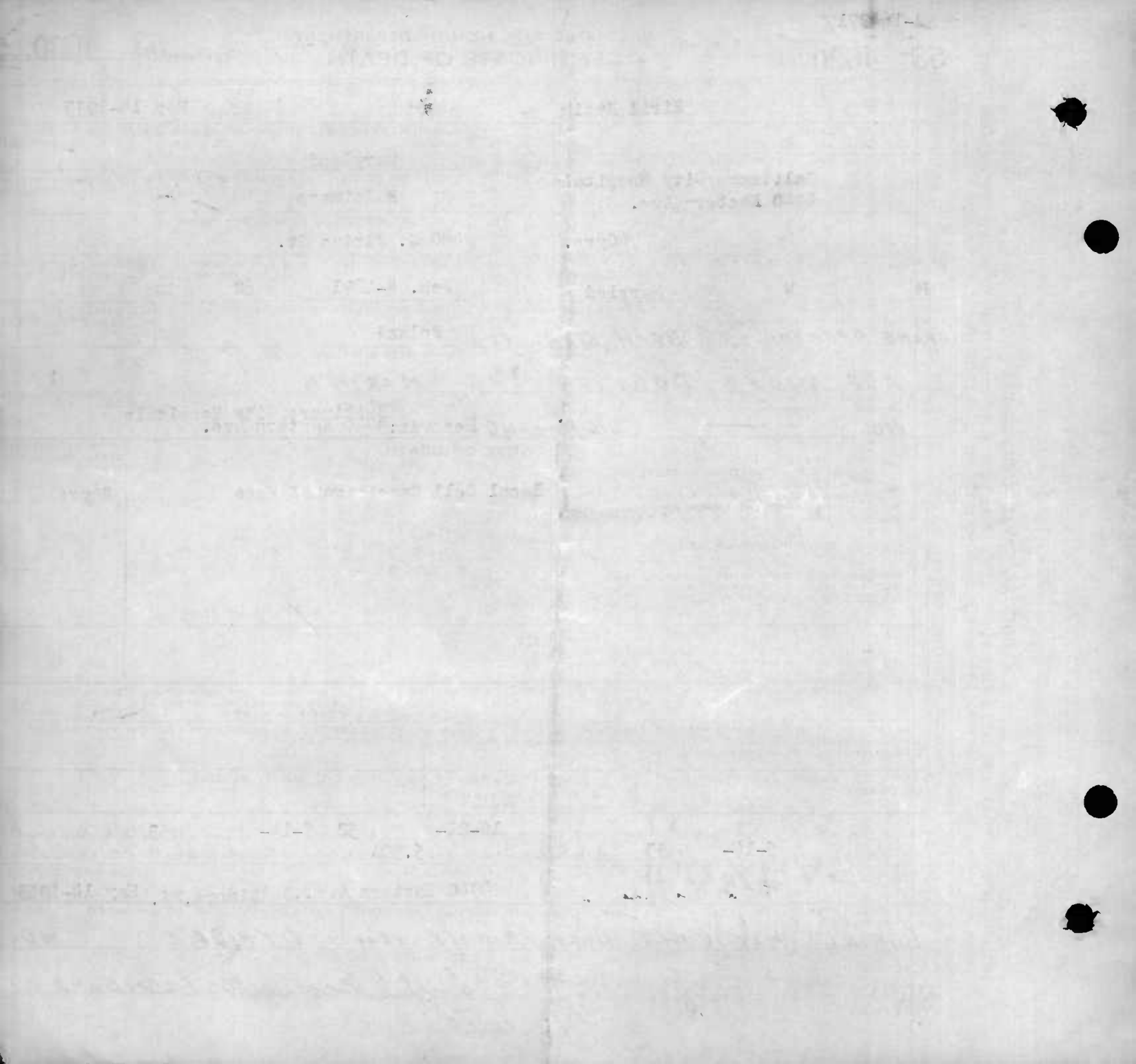


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB 1064271320 53 4630 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4630	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Kiril Budik			May 14-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			A. STATE Maryland B. COUNTY Baltimore		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 440 S. Elrino St.		
c. Length of stay in Baltimore 40yrs.			E. STREET ADDRESS (If rural, give location) 440 S. Elrino St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4-1891	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR.		10B. KIND OF BUSINESS OR INDUSTRY BETH STEEL CO.		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME ALEXANDER GUDIK		14. MOTHER'S MAIDEN NAME MARINA		12. CITIZEN OF WHAT COUNTRY? ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-10-6540		17. INFORMANT Baltimore City Hospitals 4940 Eastern Ave.	
18. 191X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Basal Cell Carcinoma of Face 2 1/2 yrs			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-21-1952, to 5-14-1953, that I last saw the deceased alive on 5-14-1953, and that death occurred at 5:30A m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED May 14-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 18 1953		24C. NAME OF CEMETERY OR CREMATORY HOLY TRINITY CEM	
24D. LOCATION (City, town, or county) FLK RIDGE MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Dippel Bros.		24H. ADDRESS 1800 E LOMBARD ST		24I. DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1953	

5133U



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4631**

BIRTH NO. **53 4631**

1. NAME OF DECEASED
(Type or Print)

FRANK D. MORSE

2. DATE
OF
DEATH

5/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Swain Hosp

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Balto

D. STREET ADDRESS (If rural, give location)

4612 Park Heights Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4/27/81

9. AGE (In years last birthday)

72

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Orchestra Leader

10B. KIND OF BUSINESS OR INDUSTRY

Music

11. BIRTHPLACE (State or foreign country)

Rh. Island

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

(First name unknown) Dupree

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

090-14-6745

17. INFORMANT

ADDRESS

Hosp. records

18. **177x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Ca Prostate - Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

**Hypert CV disease
Coronary Occlusion
in Atherosclerosis**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/14/53** to **5/13/53**, 19**53**, that I last saw the deceased alive on **5/13/53**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Malcolm Robbins

M. D.

23B. ADDRESS

Swain Hosp

23C. DATE SIGNED

5/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

May 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Balto. Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1953

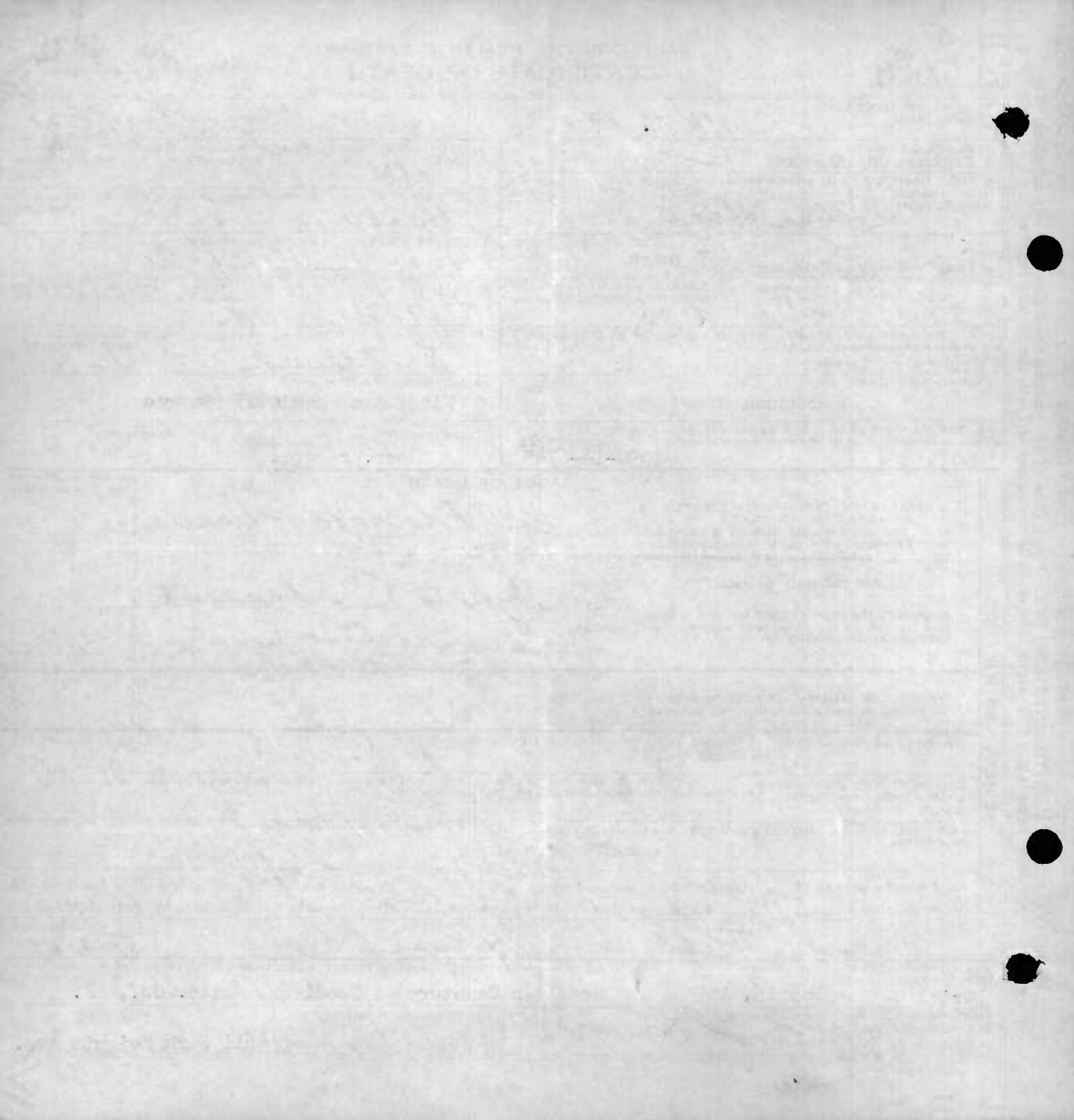
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. Vernon Lamm, 4611 Park Heights Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4632

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Carmella Dellospedale2. DATE
OF
DEATHMay 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3023 Spaulding Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3023 Spaulding Ave.,

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 8, 1863

9. AGE (In years last birthday)

89

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

Italy

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. James Basile, 3023 Spaulding Ave.18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, 1953, to May 14, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burialMay 18, 1953Holy RedeemerBaltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15 1953 Huntington Williams, M.D. 4611 Park Heights Ave.

CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4633**

1. NAME OF DECEASED
(Type or Print)

JOHN H. DAVE

2. DATE
OF
DEATH

May 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (specify)
married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Beverage Co.

10B. KIND OF BUSINESS OR INDUSTRY

Plant, Supt.

13. FATHER'S NAME

Conrad Dave

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.
216-03-6875

4. USUAL RESIDENCE (Where deceased lived. If institution: residence)
A. STATE B. COUNTY

Maryland Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-07

D. STREET ADDRESS (If rural, give location)

2614 Cecil Ave, Balto 18

8. DATE OF BIRTH

10/1/92

9. AGE (In years, last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

60

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Katherine Dwyer

17. INFORMANT

ADDRESS

Hospital records.

18. **42011 and 260X**
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Coronary thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

30 yrs.

19A. DATE OF OPERATION

April 25, 1953

19B. MAJOR FINDINGS OF OPERATION

excision plantar ulcer, rt foot

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

none

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

none

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 22, 1953** to **May 14, 1953**, that I last saw the deceased alive on **May 14, 1953**, and that death occurred at **7:05 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

R. H. Hedges

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

BALTO., 13, MD. SONS, INC

5-620

53 4634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4634

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jose A Suris

2. DATE
OF
DEATH

May 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-16-1900

9. AGE (in years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

San German

12. CITIZEN OF
WHAT COUNTRY?

P.R.

13. FATHER'S NAME

Jose Suris

14. MOTHER'S MAIDEN NAME

Rosa Aguirre Suris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Subarachnoid hemorrhage 4 hrs.

ANTECEDENT CAUSES

(B)
DUE TO

Ess. Hypertension + A.S.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 1953 to 5-14, 1953 that I last saw the
deceased alive on 5-14, 1953 and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Victoria Sales de Aguilas

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-14-53

24C. NAME OF CEMETERY OR CREMATORY

Benedict Funeral Home San Juan P.R.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Robertson

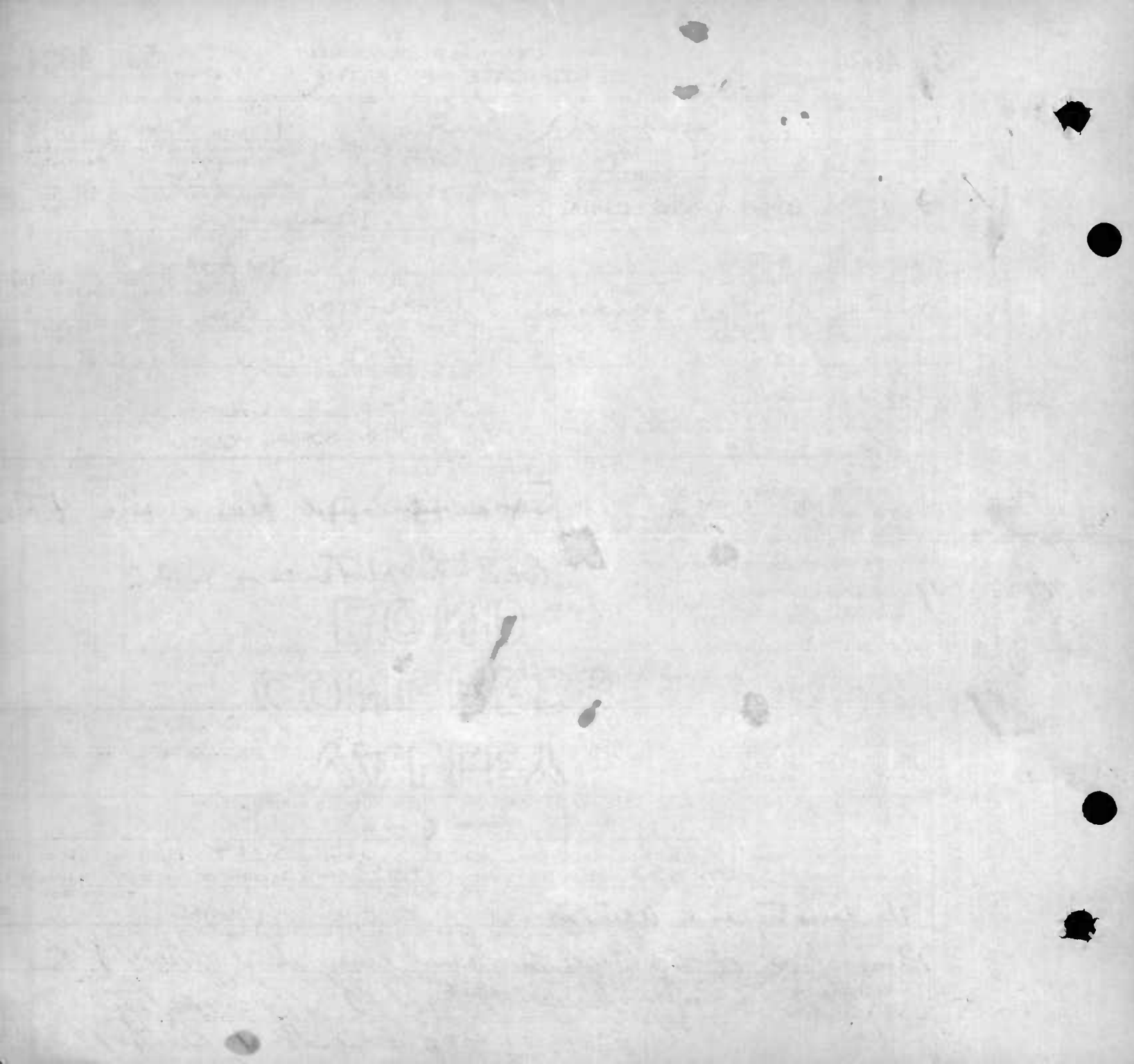
ADDRESS

VS 150

05580 403 E-254 Bath-18 ng

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4635**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Abraham Lincoln Woods**2. DATE
OF
DEATH**May 12, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**2621 Woodbrook Ave.**C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

2621 Woodbrook Ave.

c. Length of stay in Baltimore

6yrsYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Mar. 10, 18909. AGE (In years
last birthday)**63**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)**Farmer**10B. KIND OF BUSINESS OR
INDUSTRY**Farming**

11. BIRTHPLACE (State or foreign country)

Lanes, S.C.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Louis Woods

14. MOTHER'S MAIDEN NAME

Rebecca ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Hester B. Woods-2621 Woodbrook Ave.18. **442x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Hypertension**
DUE TO **Coronary**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Vascular - Renal**
DUE TO **(Disease)**
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-12**, to **5-11**, 19**53**, that I last saw the
deceased alive on **5-7**, 19**53**, and that death occurred at **8:22** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-15-1953

24C. NAME OF CEMETERY OR CREMATORY

Family Lot

24D. LOCATION (City, town, or county)

Lanes, S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 15 1953 **Huntington** **Holland** **Farmer of Home**
1631 Grand Hill Ave
Baltimore Md

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4636**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Peter Tuck**2. DATE OF DEATH **May 12, 1953.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

130 W. Cross Street

C. CITY OR TOWN (If outside corporate limits, write R. I. A. and give township)

Baltimore, City.

D. STREET ADDRESS (If rural, give location)

130 W. Cross Street

C. Length of stay in Baltimore

25 YrsYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

5/5/

9. AGE (in years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contracting

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bill Tuck

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Kate Tuck - 130 W. Cross Street18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Kernioplegia

(C)

DUE TO

Hypertensive Cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **May 5, 1953** to **May 12, 1953** that I last saw the deceased alive on **5/9, 1953** and that death occurred at **8-30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

D. J. Thorpe, M.D.

M. D.

23B. ADDRESS

601 N. Monroe St

23C. DATE SIGNED

5/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-16-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

A. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Frederick L. Brown & Son

VS 150

9702 1/8 W. Montgomery street

STATE OF NEW YORK
CERTIFICATE OF DEATH

1911

1911

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MARGIN RESERVED FOR BINDING

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

S-152
53 4637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 4637

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sandy Spencer

2. DATE
OF
DEATH

May 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1518 W. Fayette St.

Mo.
Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1518 W. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/10/1882

9. AGE (in years last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charlotte N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elliott Spencer

14. MOTHER'S MAIDEN NAME

Annie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Doc. Spencer 1325 N. E. 1st Ave

ADDRESS

18. 260x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

D I A B E T E S

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

GANGRENE of LEFT FOOT 6 mos

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR. 21, 1953, to MAY 13, 1953, that I last saw the deceased alive on APR. 28, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15 1953

Huntington Williams, Mrs. Katie P. Williams Schroeder St.

VS 150

97099

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF WITNESS		SIGNATURE OF DECEASED		SIGNATURE OF NEXT OF KIN		SIGNATURE OF CLERK		SIGNATURE OF REGISTRAR	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE		PLACE OF SIGNATURE	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4638
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mary Murray</i>		2. DATE OF DEATH <i>May 13, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>MD.</i> COUNTY <i>17-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.K. and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>649 N. Boca St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 15, 1905</i>
9. AGE (in years, last birthday) <i>47</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, or so if retired) <i>Housework</i>	11. BIRTHPLACE (State or foreign country) <i>Wilmington, N.C.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>George Murray</i>		14. MOTHER'S MAIDEN NAME <i>Mattie Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-13</i> , 19 <i>53</i> to <i>5-14</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-13</i> , 19 <i>53</i> , and that death occurred at <i>12:50 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Robert T. White</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>5/14/53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>5/16/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbustus Memorial</i>	
24D. LOCATION (City, town or county) (State) <i>Baltimore, MD.</i>		25. FUNERAL DIRECTOR <i>Thurston Williams, Jr.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 15 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, Jr.</i>	
VS 150		ADDRESS <i>Schneider St.</i>	

CERTIFICATION APPROVED BY
William H. [Signature]
CHIEF OR ASST. MEDICAL EXAMINER.

53

4639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4639

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emory Papp

Emory Papp

2. DATE
OF
DEATH

May 12, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1825 Eusan St.

c. Length of stay in Baltimore

about 50 Yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 18, 1877
11-1-869. AGE in years
last birthday

66

10. Under 1 Year
Months Days

11

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Steven Papp

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)

None

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Senescence from Stroke 72 hr.

DUE TO

ANTECEDENT CAUSES

(B)

Multiple Small Ulcers ?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Aspiration pneumonia 72 hr.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1953, to 5-12, 1953, that I last saw the deceased alive on 5-12, 1953, and that death occurred at 8:42 p.m., from the causes and on the date stated above.

23A. SIGNATURE

David Lukens

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-16-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

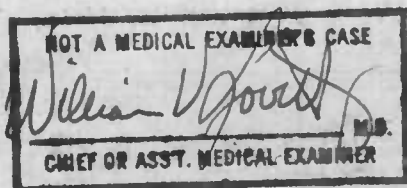
ADDRESS

VS 150

59046 Mr. E. Case To be approved

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

S-143
4640BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4640
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

SEIBOLD

2. DATE
OF
DEATH May 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

843 Hollins Street

C. Length of stay in Baltimore

47 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Mar. 19, 1876

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Universal Machine Hungary

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Seivold

14. MOTHER'S MAIDEN NAME

Teamer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

215-10-8065

17. INFORMANT ADDRESS
Ernest Seivold 1325 Caton Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
May 14, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-16-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

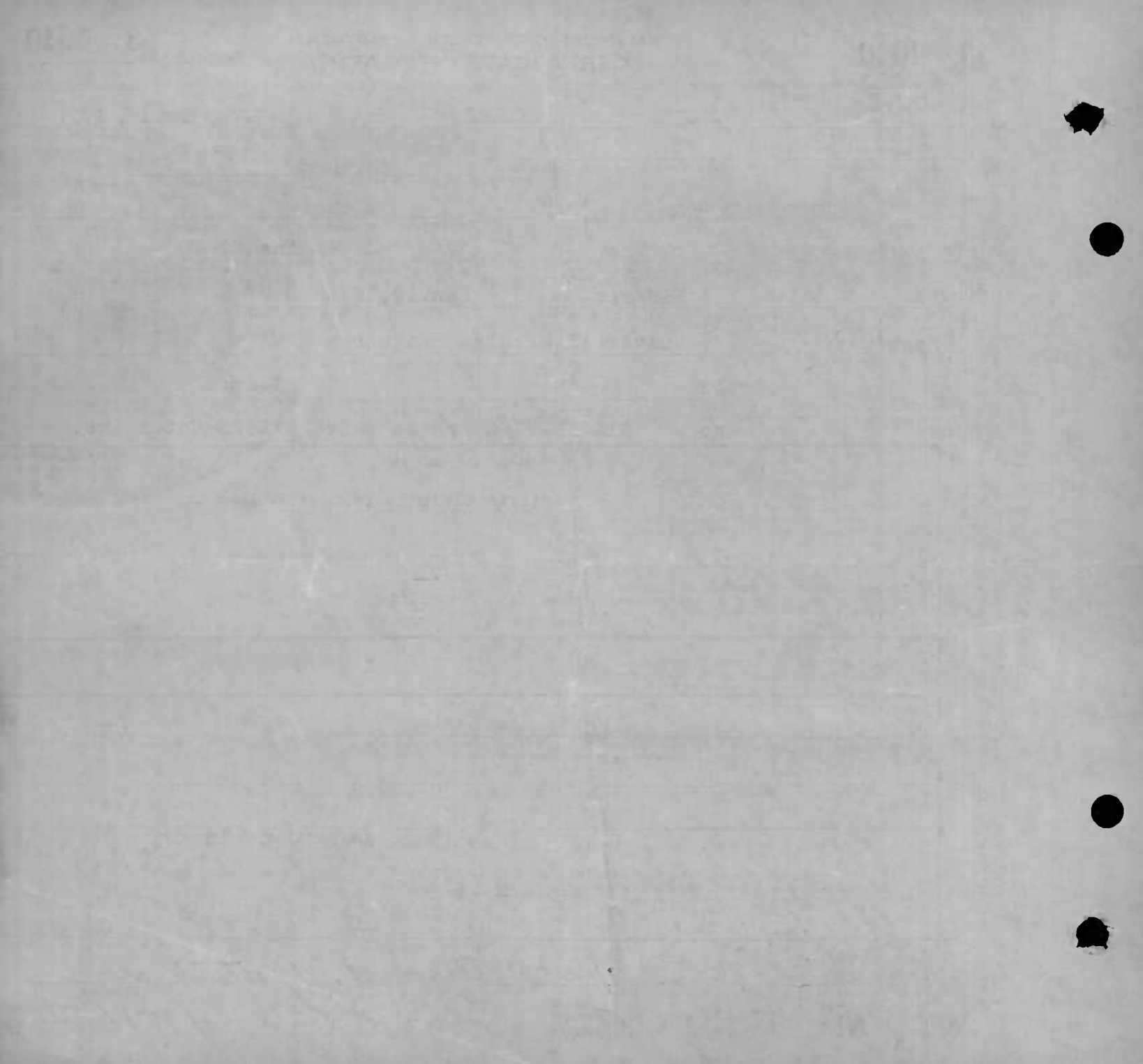
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15 1953

Huntington Williams Fred A. Cole, 1913 W. Batts St



W-525

53 4041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4041

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward J. Weinkam Sr.

2. DATE
OF
DEATH

May 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Book Keeper

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

13. FATHER'S NAME

John Weinkam

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1878, June 7, 74 75

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS Wilkens

Mrs Elizabeth B. Weinkam 2240

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema
Comp. Heart Failure

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1953 to May 14, 1953, that I last saw the
deceased alive on May 14, 1953, and that death occurred at 8:32 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lash. Ochote, M.D.

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

May 14, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Fred. A. Cole 1913 W. Balto. St

100

100

RECEIVED BY THE STATE DEPARTMENT

CERTIFICATE OF DEATH

100

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

CAUSE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

DATE

PLACE

MARGIN RESERVED FOR BINDING DO. RICHARD M. TILLMAN
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

C-516
53 4642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4642
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. Joseph S. Chamberlain

2. DATE OF DEATH
May 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Melchor Nursing Home
2327 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
Homewood Apartments

c. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 7, 1870

9. AGE (In years last birthday)

83 years

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Professor of Chemistry

10B. KIND OF BUSINESS OR INDUSTRY

Univ. of Massachu.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William J. Chamberlain

14. MOTHER'S MAIDEN NAME

Lucy Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Lucy Chamberlain 808 High St. Bath, Main

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1941, to May 13, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard M. Tillman

M. O.

23B. ADDRESS

3035 St. Paul Street

23C. DATE SIGNED

5/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

5/16/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

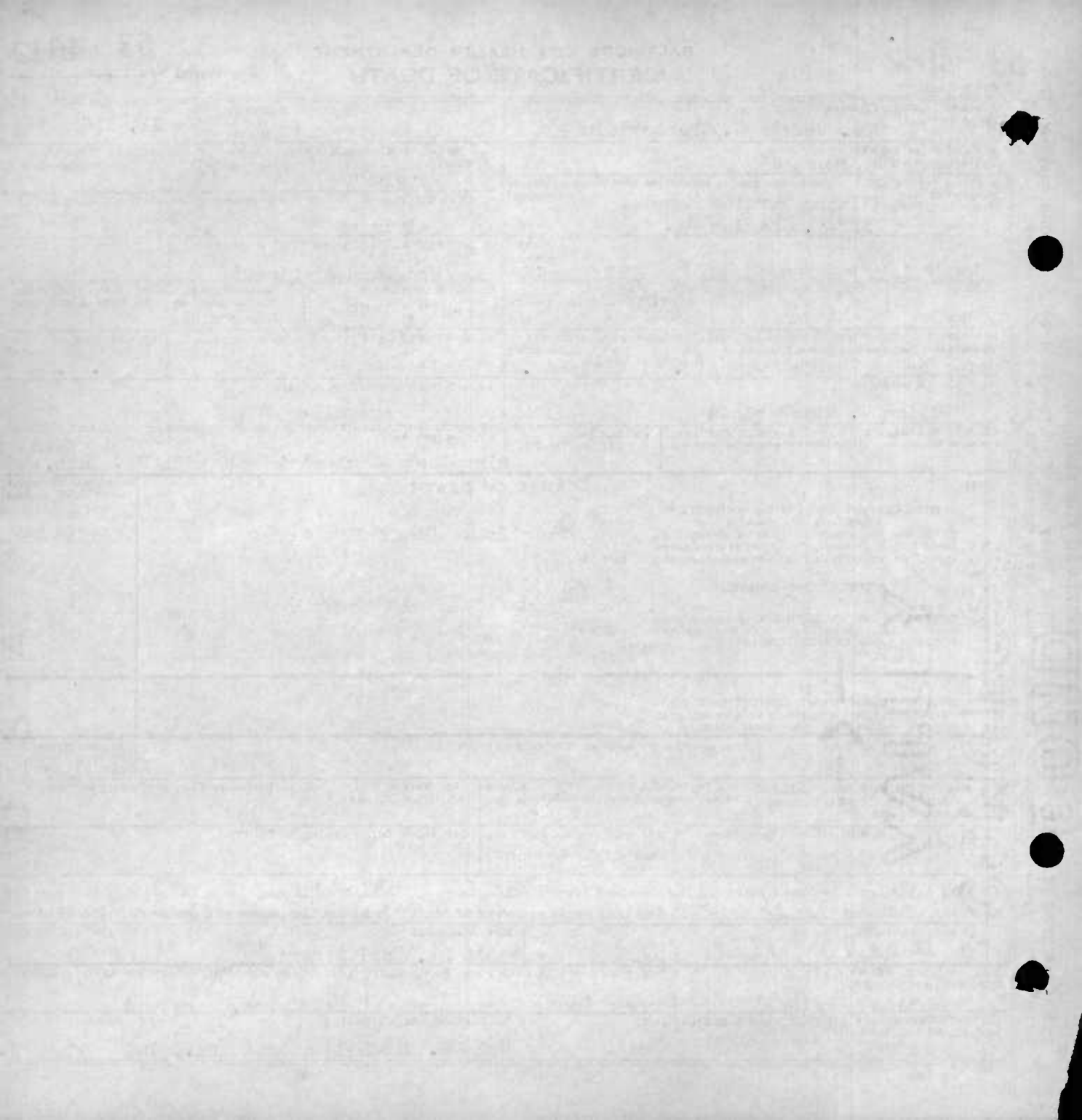
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons Inc., 1900 Eutaw Pl.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-170286
53-146
53-14643BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4643

1. NAME OF DECEASED (Type or Print) THEODORE Spellerberg			2. DATE OF DEATH May 13-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Essex		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1123 Eastern Ave., zone 21		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 30-1878	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. OCCUPATION (Give kind of work done during week of death or if retired) RETIRED			10B. KIND OF BUSINESS OR INDUSTRY FORREST AUTO Co.		11. BIRTHPLACE (State or foreign country) Maryland, BALTO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Cornelius Spellerberg (Dec.)		
14. MOTHER'S MAIDEN NAME Madeline (Dec.)			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NO		
16. SOCIAL SECURITY NO. 220-05-8277			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Superior Mesenteric Arterial Thrombosis DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5-12- , 19 53 , to 5-13- , 19 53 that I last saw the deceased alive on 5-13- , 19 53 , and that death occurred at 12.55AM , from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED May 13-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-16-53		24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL	
24D. LOCATION (City, town, or county) (State) 2905 TAYLOR AVE, MD.		25. FUNERAL DIRECTOR Charles S. Geiler		25. ADDRESS 901 S. CONKLINGS BALTO., MD.	

THEORY OF THE EARTH

CHAPTER I

SECTION I

ARTICLE I

SECTION II

ARTICLE II

SECTION III

ARTICLE III

SECTION IV

ARTICLE IV

SECTION V

ARTICLE V

SECTION VI

ARTICLE VI

SECTION VII

ARTICLE VII

SECTION VIII

ARTICLE VIII

SECTION IX

ARTICLE IX

SECTION X

ARTICLE X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-520
53 4844BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4844

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY M. LINGG

2. DATE
OF
DEATH

MAY 13:53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

HOOD NURSING HOME

NORTH BEND & EDMONDSON AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE CITY

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1013 LYNTHURST STREET

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-20-1873

9. AGE (In years
last birthday)

79

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Michel Lingg

14. MOTHER'S MAIDEN NAME

Henrietta Felix

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-10-7590 Joseph I. Lingg

17. INFORMANT

ADDRESS

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12-53, to 5-13-53, that I last saw the
deceased alive on 5-13-53 and that death occurred at 11:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 16-1953

New Cathedral Cemetery

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15 1953

Huntington Williams, M.D.

F.B. Wippert & Son

1300 Eutaw Pl.

1041

MAY 1953

HARRY H. LIND

WOOD MOUNTAIN WORKS
MOUNTAIN ROAD & RICHMOND
MOUNTAIN CITY

1015 LYNNWOOD STREET

70

11-22-1953

MAY 1953

WIDE

MAY

104

104

Henrietta Falls

10-21-1953

11-22-1953 Joseph J. Lind

104

WALLEY

1041

1041

1041 11-22-1953 Joseph J. Lind

1041 11-22-1953 Joseph J. Lind

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4645

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emily P. Blum

2. DATE
OF
DEATH

MAY 14 - 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

28 S. MONASTERY AVE

4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)

A. STATE B. COUNTY
28 South Monastery Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

28 S. MONASTERY

c. Length of stay in Baltimore

LIFE Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

JUNE 16, 1978

9. AGE (In years;
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE, RETIRED HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

GEORGE BUSH

14. MOTHER'S MAIDEN NAME

ROSE WORTHINGTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

X

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

ADDRESS

GLADYS ZELLER, 28 S. MONASTERY AVE

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

cardiovascular disease
Pneumonia of lungs
Cerebral edema5pm
530m
2da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1953, to May 14, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 5:20A.M., from the causes and on the date stated above.

23A. SIGNATURE

DREW

23B. ADDRESS

1212 S. Paul St

23C. DATE SIGNED

May 16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/16/53

24C. NAME OF CEMETERY OR CREMATORY

Gossaine Park Cemetery Woodlawn and

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

6411

ADDRESS

Chas. P. Towell Windsor Mill Rd

Mr Earl Ko
1202 T Paul, ST

Qc 3289
L1 5236
PL 3340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4847**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**WILLIAM MACK**2. DATE
OF
DEATH**5-15-53.**

3. PLACE OF DEATH:

a. Baltimore City, Maryland **Lutheran Hosp.**b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Lutheran Hospital****730 Ashburton St. Baltimore Md.**

c. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR, OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8/26/1889

9. AGE (In years

last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Gas & Electric

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John H. Mack

14. MOTHER'S MAIDEN NAME

Ella Kroeger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **hospital records** ADDRESS**Lutheran Hospital, Baltimore Md.**18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage**1 Day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Essential Arterial Hypertension**1 Year.**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-5**, 19**53** to **5-15**, 19**53**, that I last saw the deceased alive on **5-14**, 19**53**, and that death occurred at **11:00 PM 5/15/53**, from the causes and on the date stated above.

23a. SIGNATURE

Joseph R. Noble

M. O.

23b. ADDRESS

1129 St. Paul St. Bk. 2nd 5-15-53

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5/19/53

24c. NAME OF CEMETERY OR CREMATORY

Western Gen. Edmondson & Longwoods

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 16 1953

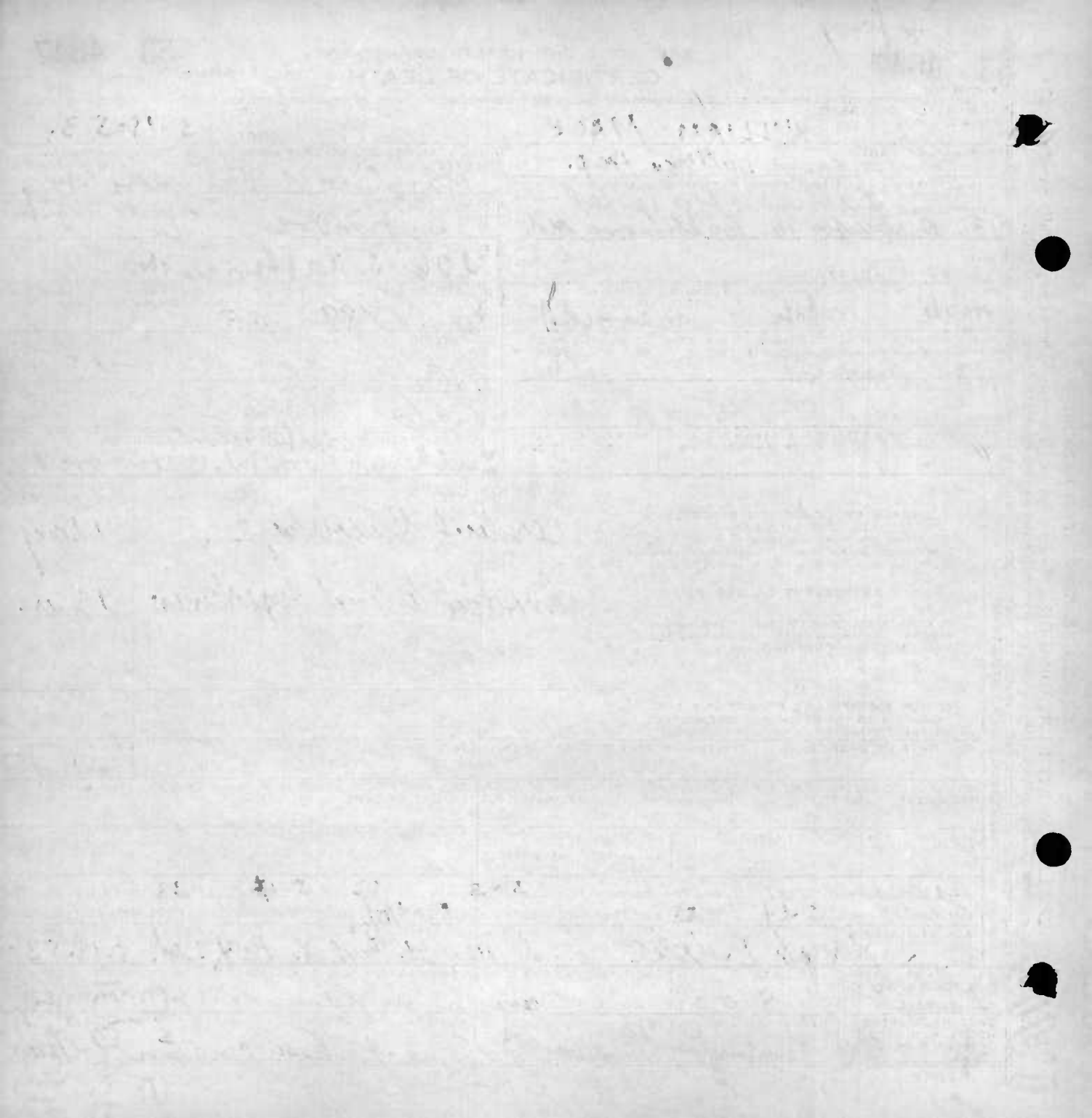
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Lowan & Son 2 Hollins

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-169689

M-460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4648

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Belle Miller

(VIRGINIA I. Miller)

2. DATE
OF
DEATH

May 15-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1816 Edmondson Ave. zone 23

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed8. DATE OF BIRTH
March 21-18799. AGE (In years
last birthday)
74If Under 1 Year Months: Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Ogle

14. MOTHER'S MAIDEN NAME
Annie Adams15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. E903.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Fractured Hip

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Heart Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

CERTIFICATION APPROVED BY
B. F. Fisher, M.D.
CHIEF OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
4-22-195319B. CONDITION FOR WHICH OPERATION
WAS PERFORMED
Committted Fracture of right HipIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
1816 Edmondson Ave. zone 23 16/421a. TIME (Month) (Day) (Year) (Hour)
OF INJURY
April 19-195321E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR?
Fell on floor at home22. I hereby certify that I attended the deceased from 4-20-1953, to 5-15-1953 that I last saw the
deceased alive on 5-15-1953, and that death occurred at 7.35A m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Fisher, M.D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

May 15-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

May 18/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Birdsboro, Penna

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 16 1953

REGISTRAR'S SIGNATURE

Thurston H. Haines, Jr.

25. FUNERAL DIRECTOR

Harry H. Witke

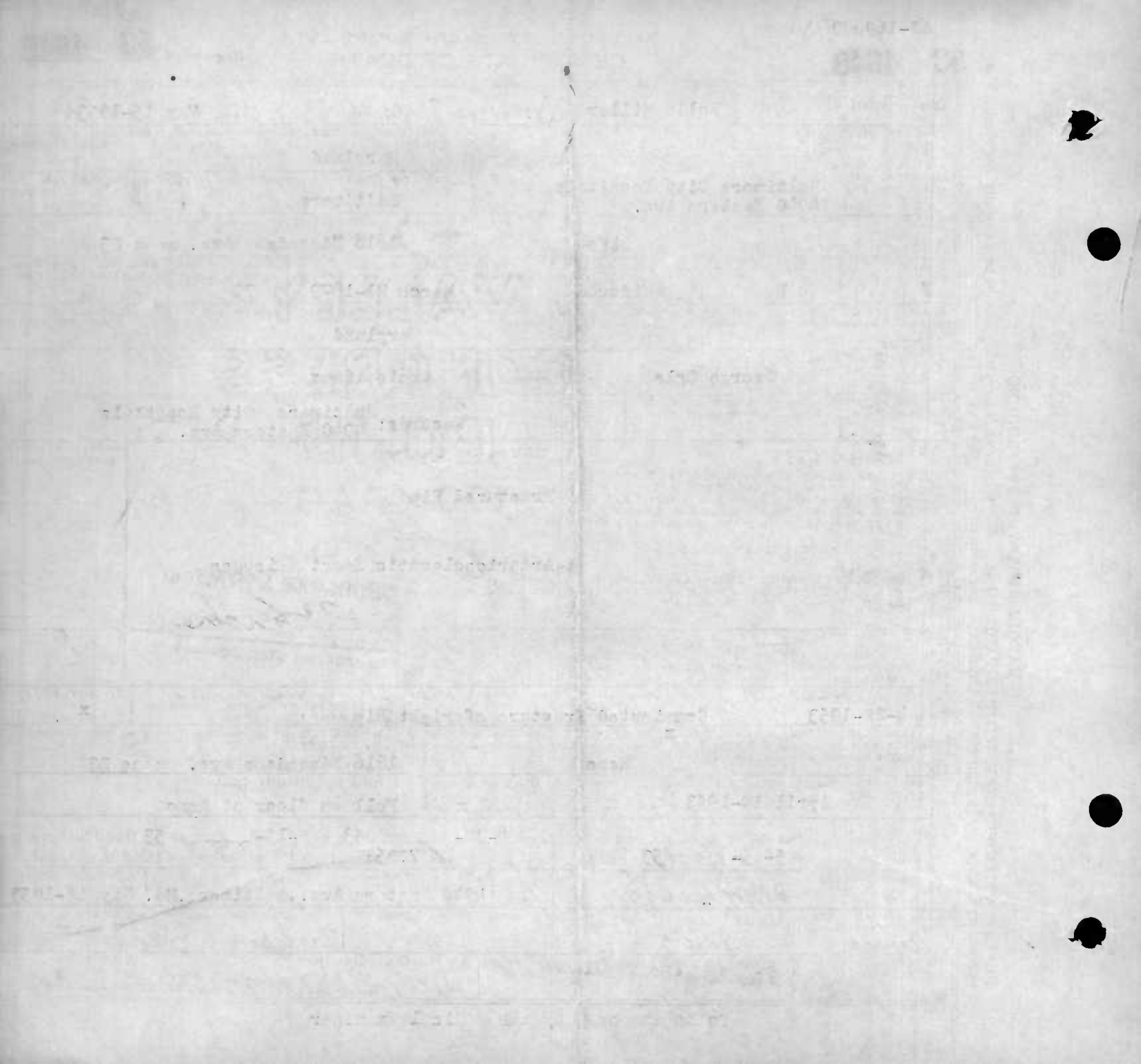
ADDRESS

4101 Edmondson Ave.

VS 150

To be approved by the Medical Examiner

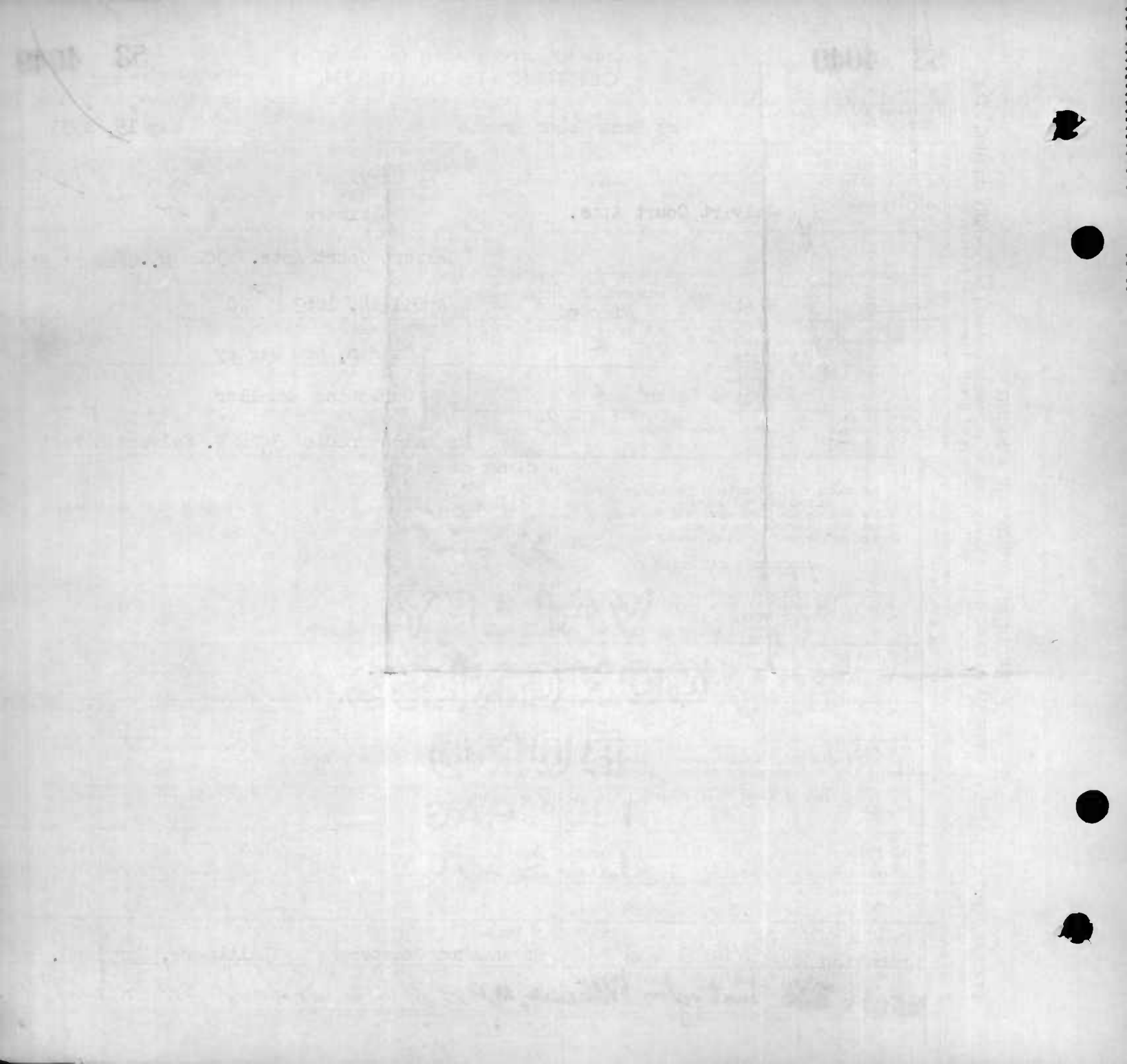
N820.0



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-630 53 4649		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4649	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Mrs Emma Esher Brodie			May 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Calvert Court Apts.			A. STATE Maryland		
C. Length of stay in Baltimore			B. COUNTY Baltimore		
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH April 24, 1863		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			9. AGE (In years last birthday) 90		
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Camden, New Jersey		
13. FATHER'S NAME George Esher			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			14. MOTHER'S MAIDEN NAME Christine Mueller		
16. SOCIAL SECURITY NO.			17. INFORMANT Mr Ralph Brodie		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 170X			ADDRESS 3024 N. Calvert Street		
19. CAUSE OF DEATH (A) Pneumonia of Heart (B) ... (C) ...			INTERVAL BETWEEN ONSET AND DEATH unknown		
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Smility					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			23. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY			24. HOW DID INJURY OCCUR?		
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from May 6, 1953, to May 15, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Charles E. Goodenough, M.D.			23B. ADDRESS 2923 St Paul St.		
23C. DATE SIGNED					
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation			24B. DATE 5/16/53		
24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.		
25. DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1953			25. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR H. W. Wleas & Son			25. ADDRESS 805 N. Calvert St.		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4650	
BIRTH NO. 53 4650					
1. NAME OF DECEASED (Type or Print) HARRY HAVENSTIEN			2. DATE OF DEATH 5/15/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 54			D. STREET ADDRESS (If rural, give location) 152 Palamoro Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 15, 1898	9. AGE (in years last birthday) 54	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Ruler		10B. KIND OF BUSINESS OR INDUSTRY Stationary	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John C. Havenstein			14. MOTHER'S MAIDEN NAME Theresa Wolfarth		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mary H. Havenstein			ADDRESS 152 Palamoro Ave		
18. 420.1 CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) CORONARY ARTERY SCLEROSIS	
ANTECEDENT CAUSES				(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER M.D. George L. Schwab		23C. DATE SIGNED 5/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 19, 1953		24C. NAME OF CEMETERY OR CREMATORY How Cathedral	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State) Md.		25. FUNERAL DIRECTOR Huntington Williams	
DATE RECEIVED BY LOCAL REGISTRAR May 16 1953		REGISTRAR'S SIGNATURE George L. Schwab		ADDRESS 2101 Bridgeway	

1905

82

8000

10

ALL - 85 - 1 - 10000



M-343		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 4651	
53 4651		K-169158		BIRTH NO. 53-169158	
1. NAME OF DECEASED (Type or Print) <u>Baby boy Middleton [LOUIS KIEFER]</u>		2. DATE OF DEATH <u>5/15/53</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>27-48</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
D. STREET ADDRESS (If rural, give location) <u>613 E. Gettings Ave</u>		E. LENGTH OF STAY IN BALTIMORE <u>3</u> <u>44</u> <u>48</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>5/13/53</u>	9. AGE (In years last birthday) <u>2</u> <u>2</u> <u>2</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Thomas E. Middleton</u>		14. MOTHER'S MAIDEN NAME <u>Cherie Kiefer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>1022</u>		17. INTERMENT ADDRESS	
18. <u>762.5</u> <u>I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>atelectasis</u> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Prematurity</u> DUE TO		(B) <u>Prematurity</u>		(C) <u>Premature separation of placenta</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>May 15</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>No</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/10</u> , 19 <u>53</u> , to <u>5/15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/15</u> , 19 <u>53</u> , and that death occurred at <u>1</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Roger L. Brown</u>		23B. ADDRESS <u>Union Memorial Hosp</u>		23C. DATE SIGNED <u>5/15/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>5/16/53</u>		24B. DATE <u>5/16/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		25. FUNERAL DIRECTOR <u>William J. Zuckner & Sons</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 16 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		ADDRESS <u>Prick & Penna Aves</u>	

1234 56

STATE OF TEXAS

1234



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4652

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MARGARET HAUK

2. DATE
OF
DEATH

5-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

5503 Thomas Ave

C. Length of stay in Baltimore

Lite

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

3-24-1877

9. AGE (in years
last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Schroeder

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Schaefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. H. S. Schaefer - 5503 Thomas Ave.,
Arbutus, Md.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

one week

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK☐NOT WHILE
AT WORK☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1953 to 5-17, 1953, that I last saw the
deceased alive on 5-14, 1953, and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Church Home & Hospital

5-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

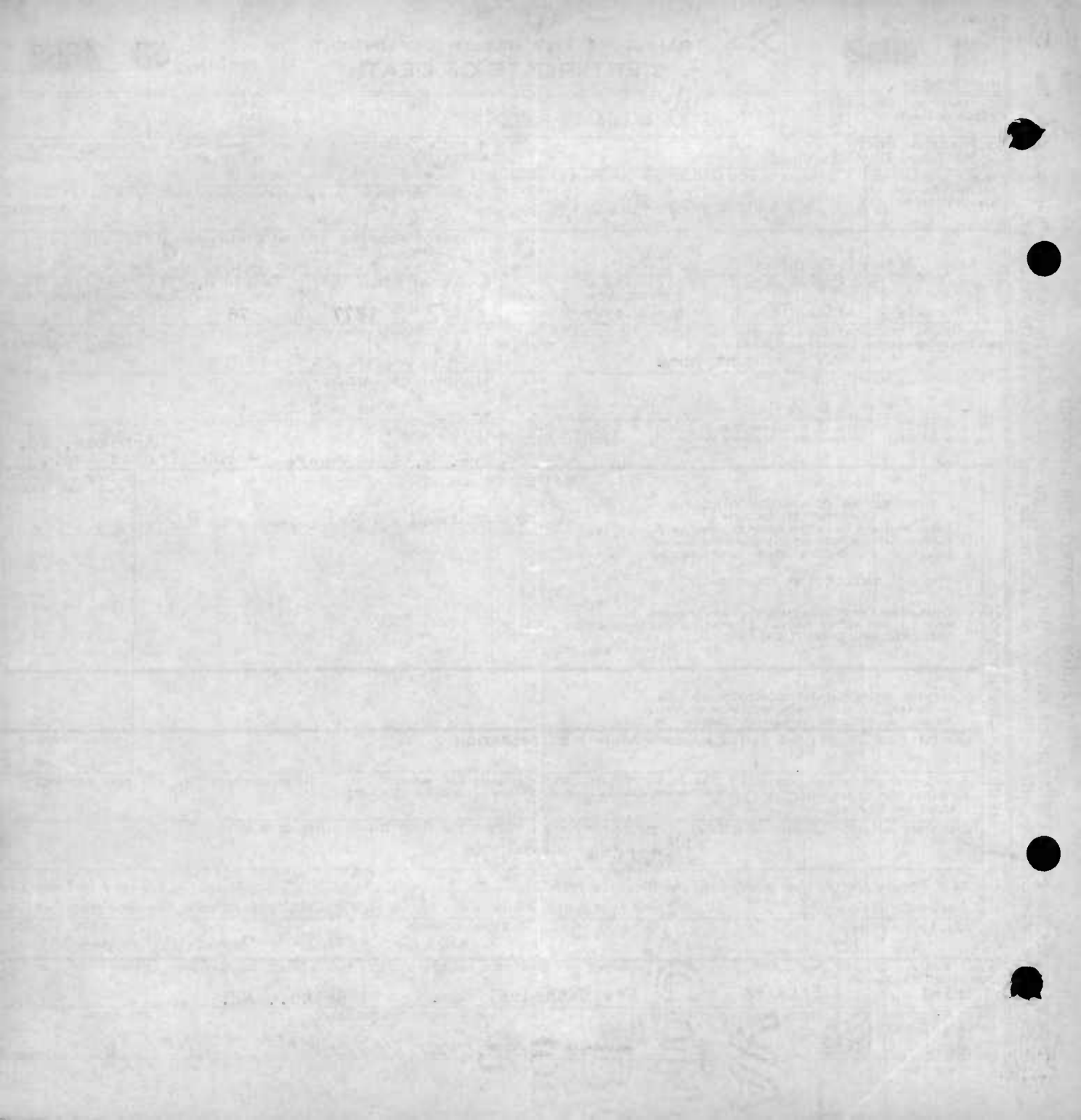
ADDRESS

MAY 16 1953

Huntington Williams, M.D.

M. J. Dickener & Sons

Balto 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4653
Registered No.

53 4653

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PERRY STOVALL

2. DATE
OF
DEATH

5-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

35 years.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1505 N. Stricker St.

6. SEX

Male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Aug. 8, 1906

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

seaman played

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bowman, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Stovall

14. MOTHER'S MAIDEN NAME

Rosa Washington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Record

ADDRESS

18.

490x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Dysentery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Lobar pneumonia, right
base.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1953, to May 13, 1953, that I last saw the
deceased alive on May 13, 1953, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George K. Reyno

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

5/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/16/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

A. A. Co

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 16 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

217 E. Preston St

13 4332

RECEIVED DE U.S.A.

13 4332

RECEIVED
DE U.S.A.

S-455
53 4654BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4654

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SLOMAN, HOWARD.

2. DATE
OF
DEATH

May 15th. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

422 SINAI HOSPITAL OF BALTIMORE INC.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give
township)

BALTIMORE 24-04

D. STREET ADDRESS (If rural, give location)

319 E. FORT AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7.12.72

9. AGE (in years
last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Architect

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

MASS.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unk.

14. MOTHER'S MAIDEN NAME

Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same.

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pneumo-Pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pyloric Peptic Ulcer

DUE TO

(C) Arterio-Sclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1953 to May 15, 1953 that I last saw the
deceased alive on May 15, 1953 and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. Danbury

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5.19.53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James L. Danbury

ADDRESS

30 E. FORT AVE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4655**

53 4655
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Howard F. Higgins		2. DATE OF DEATH 5.15.53	
3. PLACE OF DEATH: A. Baltimore City, Maryland 703 TONTIAC		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2504	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 703 TONTIAC AVE.	
6. SEX M.	7. COLOR OR RACE W.	8. DATE OF BIRTH 5.27.88	9. AGE (in years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mach.		10B. KIND OF BUSINESS OR INDUSTRY Du Pont.	
11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harry F. Higgins		14. MOTHER'S MAIDEN NAME Catherine Fogle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 214-03-608	
17. INFORMANT Family - Same		ADDRESS	

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of lung DUE TO (A) Cancer of lung		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Heart failure DUE TO (B) Heart failure		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-8, 1952 , to 5-14, 1953 , that I last saw the deceased alive on 5-14, 1953 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harry F. Higgins		23B. ADDRESS 3904 S. DAVENPORT		23C. DATE SIGNED May 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 5.19.53		24C. NAME OF CEMETERY OR CREMATORY Lake Road	
24D. LOCATION (City, town, or county) Baltimore		24E. (State)		24F. DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1953	
24G. REGISTRAR'S SIGNATURE Warrington Williams, M.D.		24H. FUNERAL DIRECTOR L. S. Cherry		24I. ADDRESS 5444 R 30 E. FONT AVENUE.	

CERTIFICATE OF DEATH

STATE OF NEW YORK

1955

1



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4656
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA BIDDISON

2. DATE
OF
DEATH

MAY 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GEN. HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MARYLAND

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

RT. 16 Box 608

5300

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Mar. 21, 1870

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Schultz

14. MOTHER'S MAIDEN NAME

Urith McKinley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Clarence Bevans, Bird River Rd.

18. 592X and 260X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Glomerulonephritis

DUE TO

1 year

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

Hypertensive-Atherosclerotic Heart Disease, years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 22, 1953, to MAY 14, 1953, that I last saw the
deceased alive on MAY 14, 1953, and that death occurred at 9:26 Pm., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Bouway

23B. ADDRESS

M. D.

South Baltimore Genl Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

May 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lassahn Funeral Home

ADDRESS

7401 Belair Rd.

CENTRAL ALABAMA DEPT.

OFFICE OF THE
SHERIFF

ALBANY, ALA.

1952

THE ALABAMA DEPT. OF CORRECTIONS

ALBANY, ALA.

RECEIVED

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ALBANY, ALA.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452

53 4657

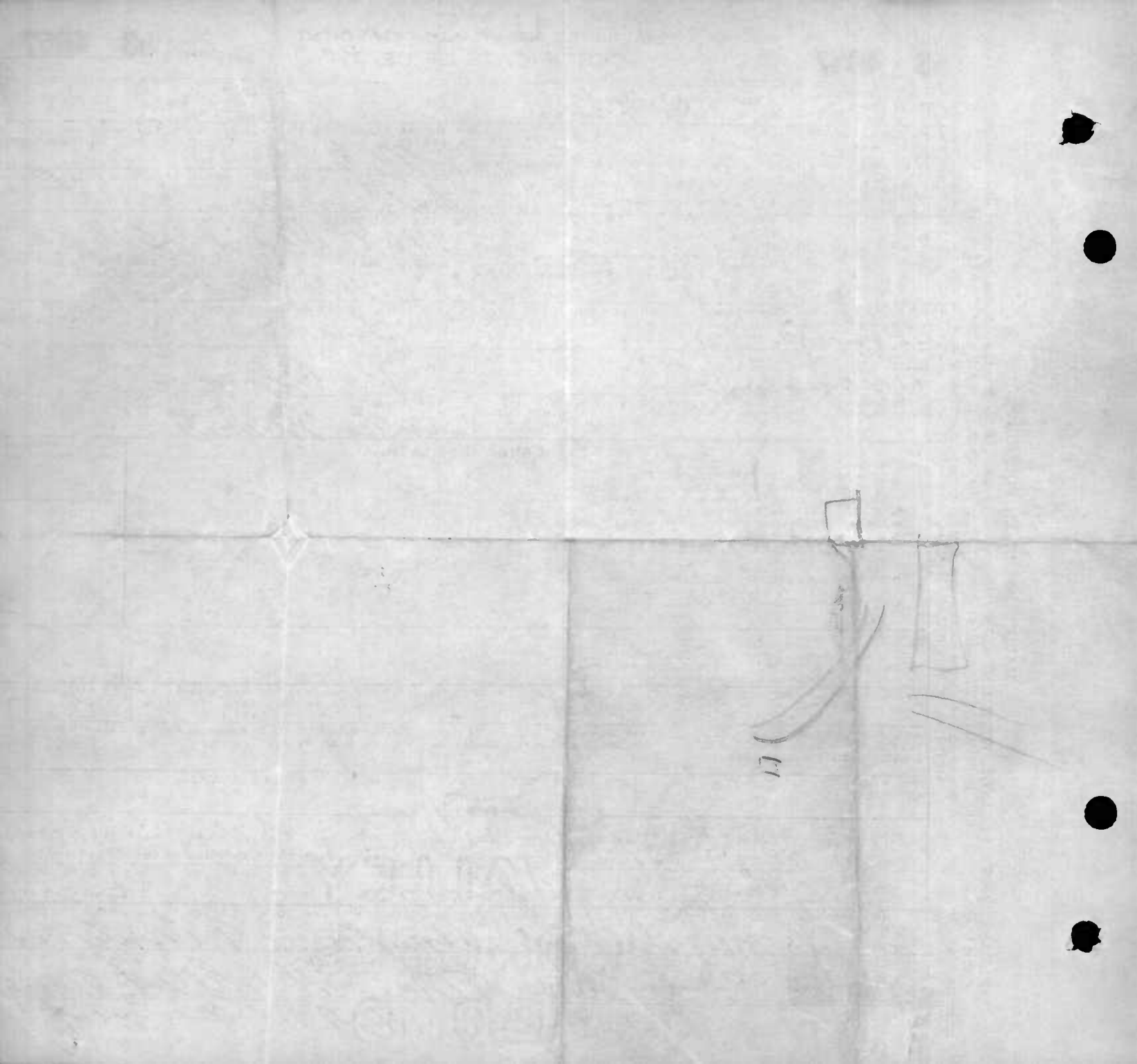
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4657

1. NAME OF DECEASED (Type or Print) <i>Merritt William</i>			2. DATE OF DEATH <i>May 13, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>MD</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore 14-02</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>1428 Druid Hill Ca</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1890</i>	9. AGE (In years last birthday) <i>63</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Tenn.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Carlton Merritt</i>			ADDRESS		
18. <i>540.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Shock</i>			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) <i>Bleeding Peptic ulcer</i> DUE TO (B) <i>2</i> DUE TO (C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office hldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>May 13</i> , 1953, to <i>May 13</i> , 1953, that I last saw the deceased alive on <i>May 13</i> , 1953, and that death occurred at <i>3:30 P. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph C. Fitzgerald</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>DE 0320</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>May 16/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Trinity Calvary Cem. G. 9. County Md.</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Thyrtington Williams, Mrs.</i>		25. ADDRESS <i>1129 N. Caroline St</i>	

VS 150

97099



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-250
53 4658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4658

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WILLIE MC QUEEN		May 12, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write full name of township)			
Provident Hospital		Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		1413 Madison Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years, last birthday)	10. Under 1 Year Months: Days
Male	Colored		June 10, 1902	50	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Janitor				N.C.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Archie McQueen		Fannie (MN) Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Archie McQueen 756 Preston St.	
18. 353.3		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Epilepsy			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
Willie W. Howard		M.D. MEDICAL INVESTIGATOR		May 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	5/17/53	Mt. Calvary Cemetery	Anne Arundel Co., Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
	Huntington Williams, Jr.	A. Halstead		918 Druid Hill Ave.	

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RECEIVED
FEBRUARY 10 1933

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-455

53 4659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4659
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lola Coleman		2. DATE OF DEATH May 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1120 Linden Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1120 Linden Avenue			
5. SEX F	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/26/1875	9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Nathen Chambers		14. MOTHER'S MAIDEN NAME Hester (MN) Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Venia Russell 1120 Linden Ave.	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-Vascular Remission		CAUSE OF DEATH (A) Cardio-Vascular Remission DUE TO (B) Arterio-Sclerosis (C) Symptoms		INTERVAL BETWEEN ONSET AND DEATH 3 3 7	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10 , 19 52 to 5-10 , 19 53 , that I last saw the deceased alive on 5-13 , 19 53 , and that death occurred at 2 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Charles T. Ward		23B. ADDRESS 861 Charles St.		23C. DATE SIGNED 5-15-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/16/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Halstead 918 Druid Hill Ave.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Halstead 918 Druid Hill Ave.	

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8000

2a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4660

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brother Andrew J. Williams

2. DATE
OF
DEATH

5-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
German town, Philadelphia - Pa.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Philadelphia V-35

C. Length of stay in Baltimore 27 yrs., 7 mo., 27 da. Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
500 E. Chelton Ave., Germantown, Pa.

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

11-22-1882

9. AGE (in years last birthday)

70

If Under 1 Year

Months: Days

5 25

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Catholic Brother

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Philadelphia, Pa.12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Edward Williams

14. MOTHER'S MAIDEN NAME

Mary Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute, Balto. 15, Md.

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary occlusion
coronary sclerosis

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

General arteriosclerosis
cardio-vascul. hypertension

4 years

(C)

6 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Paranoid condition

30 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 1936 to May 15, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Walker O. Jakoreis

M. D.

23B. ADDRESS

4212 Patterson Ave

23C. DATE SIGNED

May 16, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 20-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Josephs Cemetery

24D. LOCATION (City, town, or county)

Princeton, N. J.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, 108 Stewart & Mowens Co., 108 W. North Ave.

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4661**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roth, Lena

2. DATE OF DEATH **May 15, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

753 E. 36th Street #18

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Oct. 14, 1881

9. AGE (in years last birthday)

71

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Woppmah

14. MOTHER'S MAIDEN NAME

? ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs W.E. Strasinger 753 E. 36th St.

18. **151X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma, stomach**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 20, 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, stomach

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 10**, 19**53**, to **May 15**, 19**53** that I last saw the deceased alive on **May 15**, 19**53**, and that death occurred at **3:55 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

A. Andrew Reese

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

May 15, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

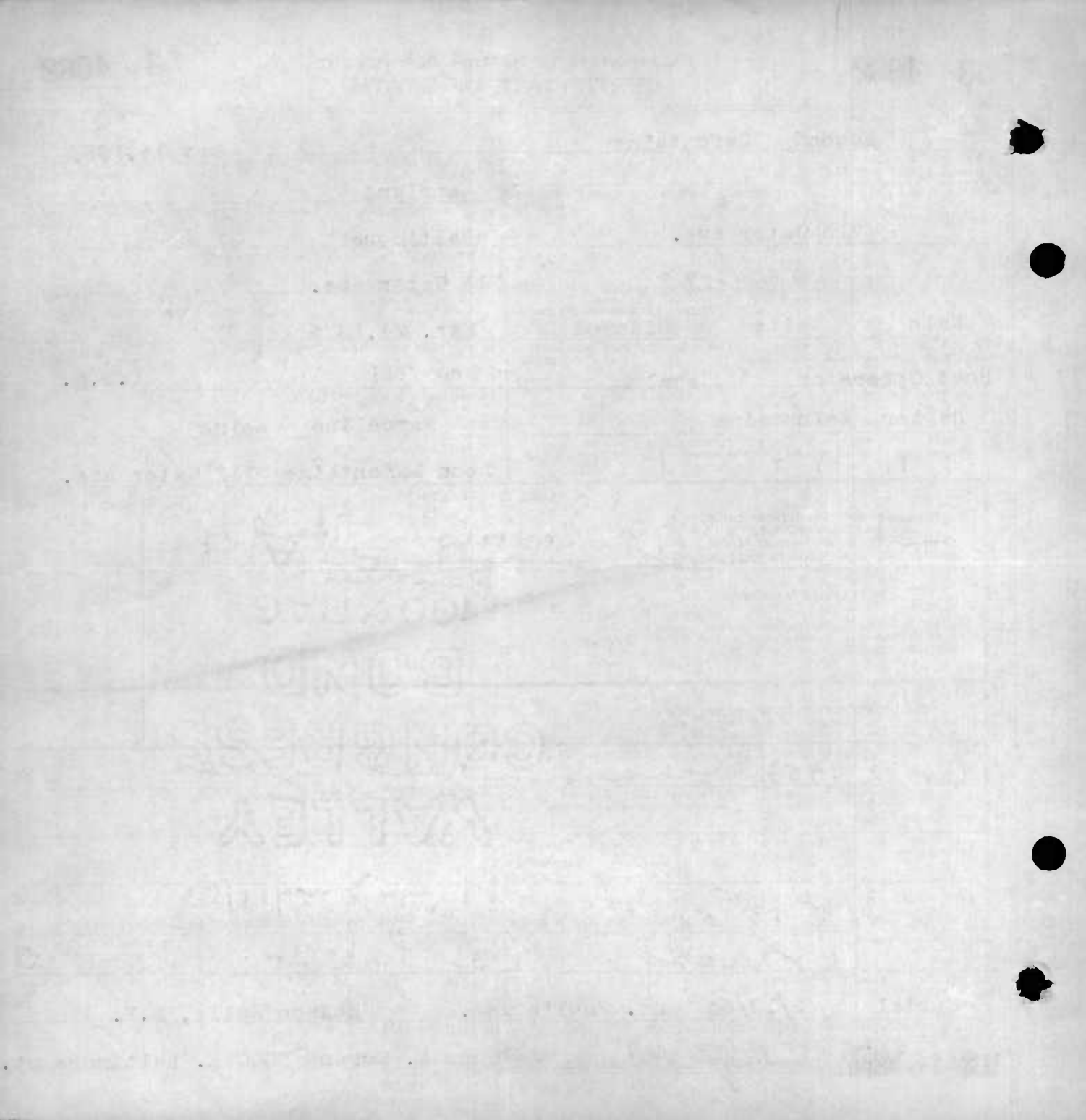
John A. Moran 3000 E. Balto. St

53 4662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4662

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Edmond Lafontaine			2. DATE OF DEATH May 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 713 Cator Ave.			D. STREET ADDRESS (If rural, give location) 713 Uator Ave.			9-01		
c. Length of stay in Baltimore ??			Yrs. Mos. Days			5. SEX Male		
6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Mar. 24, 1876		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Operator			10B. KIND OF BUSINESS OR INDUSTRY Canal			9. AGE (In years last birthday) 77		
13. FATHER'S NAME Xavier Lafontaine			14. MOTHER'S MAIDEN NAME Marceline Meine			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ??			16. SOCIAL SECURITY NO. ???			17. INFORMANT ADDRESS Leon Lafontaine 713 Cator Ave.		
18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Head of pancreas.			CAUSE OF DEATH (A) Carcinoma Head of pancreas. (B) pancreas. (C) pancreas.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.								
19A. DATE OF OPERATION April 1953			19B. MAJOR FINDINGS OF OPERATION Carcinoma Head of pancreas			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., etc.) at home			21C. WHERE DID INJURY OCCUR? in Baltimore City, give exact location		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1952 to 5/14/53 , that I last saw the deceased alive on 5-13, 1953 , and that death occurred at 8:00 a.m. , from the causes and on the date stated above.								
23A. SIGNATURE A. E. Swall			23B. ADDRESS 36 York Ct.			23C. DATE SIGNED 5-15-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/19/53			24C. NAME OF CEMETERY OR CREMATORY St. Paul's Cem.		
24D. LOCATION (City, town, or county) (State) Hudson Falls, N.Y.			25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Baltimore St.					



53 4663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4663
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph J. Buraczynski

2. DATE
OF
DEATH May 15 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

1400 N. Caroline St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

321 N. Robinson St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov 3rd 1907

9. AGE (In years
last birthday)

45

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Boiler Maker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Theodore Buraczynski

14. MOTHER'S MAIDEN NAME

Blanche Laura Ledor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. L. Buraczynski 321 N. Robinson St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1953 to May 15, 1953, that I last saw the
deceased alive on May 15, 1953, and that death occurred at 1:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

E. J. Lohay Jr.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

May 15 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 18 1953

Bogardus Heart & Lung Inst.

Berman Hill Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1953

Huntington Williams, M.D.

Leo L. Losh. 1701-038 Patterson Park

VS 150

5033D

ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

OFFICE OF THE CHIEF OF BUREAU

WASHINGTON, D. C.

DEPARTMENT OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

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WASHINGTON, D. C.

DEPARTMENT OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4664
Registered No.53 4664
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lena Bloom</i>		2. DATE OF DEATH <i>May 15/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>2225 Dukeland St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-47</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2225 Dukeland St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1881</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Abraham Cohen</i>		14. MOTHER'S MAIDEN NAME <i>Eva</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Ada Frank - 2225 Dukeland St.</i>		ADDRESS	
18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Cardiac dilatation</i> DUE TO <i>Ch Coronary Artery Disease</i> DUE TO <i>Ch Diabetes</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>5/14</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5/11</i> , 19 <i>53</i> , to <i>5/14</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/14</i> , 19 <i>53</i> , and that death occurred at <i>4A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>G. H. Hornstein</i>		23B. ADDRESS <i>2048 Biddle St</i>	
23C. DATE SIGNED <i>5/15/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/17/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Microkodesh</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 17 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>W. North Ave.</i>		ADDRESS <i>26</i>	

1881

22

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1881



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 4665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4665
Registered No.

BIRTH NO. 53-10729

1. NAME OF DECEASED
(Type or Print)

Baby boy Anthony

2. DATE
OF
DEATH

5/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-04

c. Length of stay in Baltimore

about 1 hour

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2022 Chumney Av.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/3/53

9. AGE (In years last birthday)

It Under 1 Year Months: Days

It Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Blake

14. MOTHER'S MAIDEN NAME

Beatrice Anthony

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

776X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Immaturity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7⁴⁵ am 5/3, 1953 to 8³⁰ am 5/3 1953, that I last saw the deceased alive on 5/3, 1953, and that death occurred at 8³⁰ am, from the causes and on the date stated above.

23A. SIGNATURE

Richard Paffhausen

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5/12

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 8 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

What res.
407983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Exam. Case - Released to Hosp.
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4666
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Oscar Simon</i>		2. DATE OF DEATH MAY 16 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hosp.</i>		D. STREET ADDRESS (If rural, give location) <i>273 Herring Ct.</i>			
c. Length of stay in Baltimore <i>12 yrs</i>		5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>9-15-1900</i>		9. AGE (In years last birthday) <i>52</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>unknown</i>		11. BIRTHPLACE (State or foreign country) <i>New York City</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>130-10-3874</i>		17. INFO. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Severe heart failure</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO <i>Severe hypertensive</i>			
		(B) DUE TO <i>Cardiovascular disease</i>			
		(C)			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/16/53</i> to <i>5/16</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/16</i> , 19 <i>53</i> , and that death occurred at <i>6 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Lawrence E. Shuman</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5-16-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 17/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Chel Shalom Cemety</i>	
24D. LOCATION (City, town, or county) (State) <i>Odonnell St. Balt. Md.</i>		25. FUNERAL DIRECTOR <i>Sol Lewinson + Bus W Nathane</i>		ADDRESS <i>1126</i>	

DATE RECEIVED BY LOCAL REGISTRAR
MAY 17 1953
VS 150
Huntington Williams, M.D.
49099

W. L. McCase

R. S. Fisher M.D.

Chief Med. Examiner

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4667****53 4667**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**HARRY I. GANN**2. DATE
OF
DEATH**5-14-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**3504 Springdale Ave**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-38

D. STREET ADDRESS (If rural, give location)

3504 Springdale Ave

c. Length of stay in Baltimore

51Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

660

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired)

Mfg.

10B. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Ethel15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lena Gann - Lane18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute myocardial infarction**15 min.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

**Recurrent coronary thrombosis
with myocardial infarction
causing aortic occlusion****9 yrs.**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1944**, 19__, to **5-14**, 19**53**, that I last saw the
deceased alive on **5/14/53**, 19__, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Michael B. Kunk M.D.

M. D.

23B. ADDRESS

2370 Eutaw Place

23C. DATE SIGNED

5/14/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**May 17/53****Both TFILOH****Balto Md**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1953**Huntington Williams, M.D.****Jack Lewis Inc. 2100 Eutaw Pl.**

Kush
2320 Easton

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4668BIRTH NO. 53 46681. NAME OF DECEASED
(Type or Print)WINN, PETER2. DATE
OF
DEATH5/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)42 SINAI HOSPITALYrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.13-02

D. STREET ADDRESS (If rural, give location)

2212 BROOKFIELD AVE

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)W

8. DATE OF BIRTH

18849. AGE (in years
last birthday)69If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)retired10B. KIND OF BUSINESS OR
INDUSTRYGrocer

11. BIRTHPLACE (State or foreign country)

RUSSIA12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Meyer Winnsame18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) metastatic carcinoma
DUE TO of the colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
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(ZZ)INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1953, to 5/16, 1953, that I last saw the
deceased alive on 5/16, 1953, and that death occurred at 8:53 P m., from the causes and on the date stated above.

23A. SIGNATURE

Richard A. Smiler

23B. ADDRESS

714 N. Broadway

23C. DATE SIGNED

5/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-17-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Balto MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

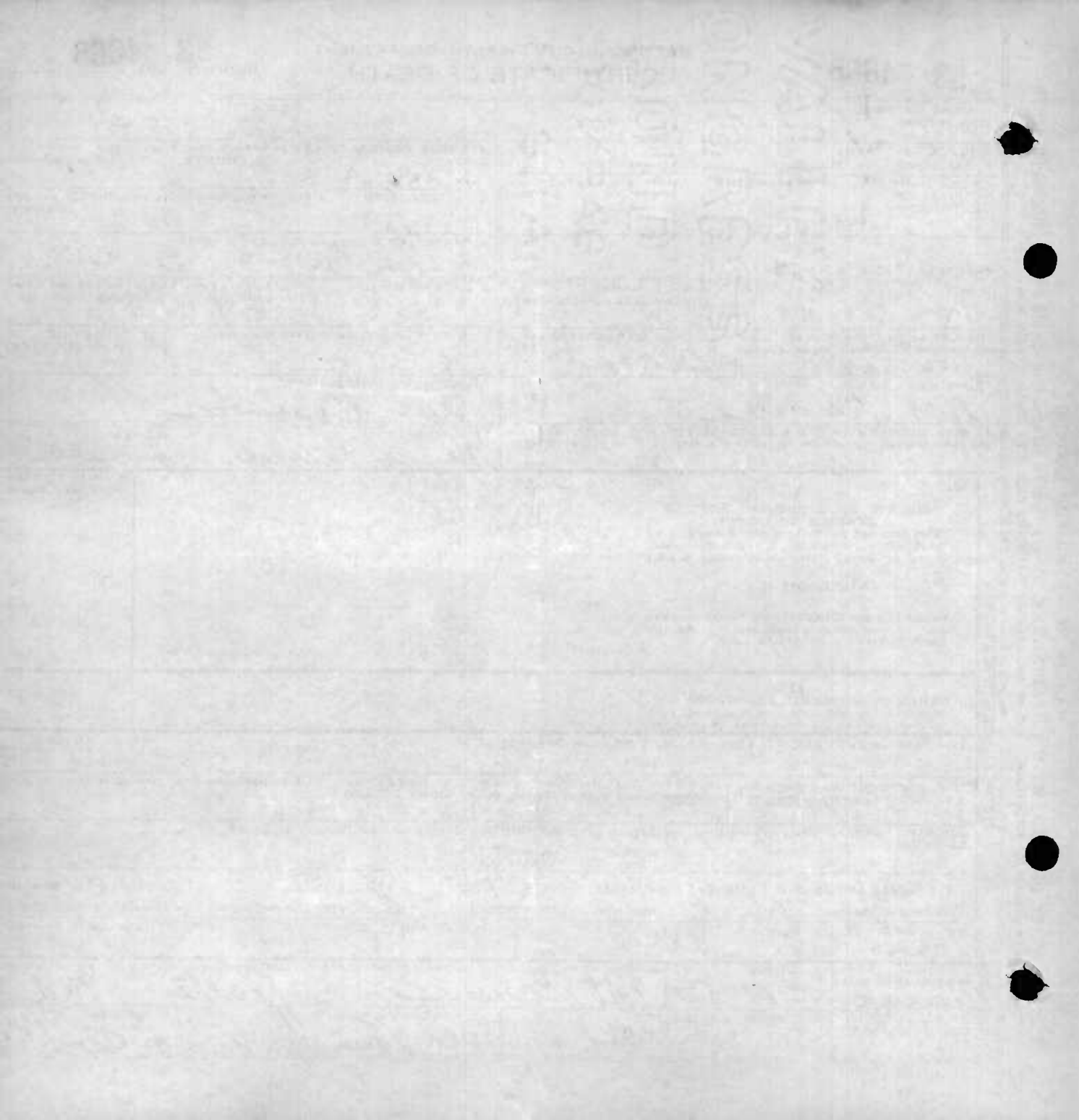
2100 Eastern Pl

VS 150

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
corrected page is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 4669

WINTERS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4669
Registered No.

BIRTH NO. 53-10153

1. NAME OF DECEASED (Type or Print) <i>Betty Winters</i>			2. DATE OF DEATH <i>5-5-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>38 University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO. 13-03</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2544 DRUID HILL AVE</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>5-5-53</i>	9. AGE (In years last birthday) <i>-</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>James Henry Winters</i>			14. MOTHER'S MAIDEN NAME <i>Shirley Ann Kelsey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>-</i>		
17. INFORMANT <i>Mother</i>			ADDRESS <i>2544 Druid Hill Ave</i>		

18. <i>776x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Immaturity</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO				
II ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5/5/53</i> to <i>5/5/53</i> , 19 <i>53</i> that I last saw the deceased alive on <i>5/5/53</i> , 19 <i>53</i> , and that death occurred at <i>10:30</i> p.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Wm. B. Gagnor</i>		23B. ADDRESS <i>M.D. Univ. Hosp</i>		23C. DATE SIGNED <i>5/5/53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>MAY 8 1953</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 17 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS



53 4670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4670
Registered No.

BIRTH NO. 53-09761

1. NAME OF DECEASED
(Type or Print)

Baby Boy Meyer

2. DATE
OF
DEATH

May 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

25-04

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md #30

D. STREET ADDRESS (If rural, give location)

3444 64 St / Sixth St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 2, 1953

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

5 30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lloyd William Meyer

14. MOTHER'S MAIDEN NAME

Jeanie Molye Coombs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

3444 64 St #30 City

18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PREMATURITY.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) ATELECTASIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Vaginal BLEEDING (2 OCCASIONS ON MOTHER)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1953, to 5/2, 1953, that I last saw the
deceased alive on 5/2, 1953, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

M. D.

South Baltimore Gene Hosp

23C. DATE SIGNED

5/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 8 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

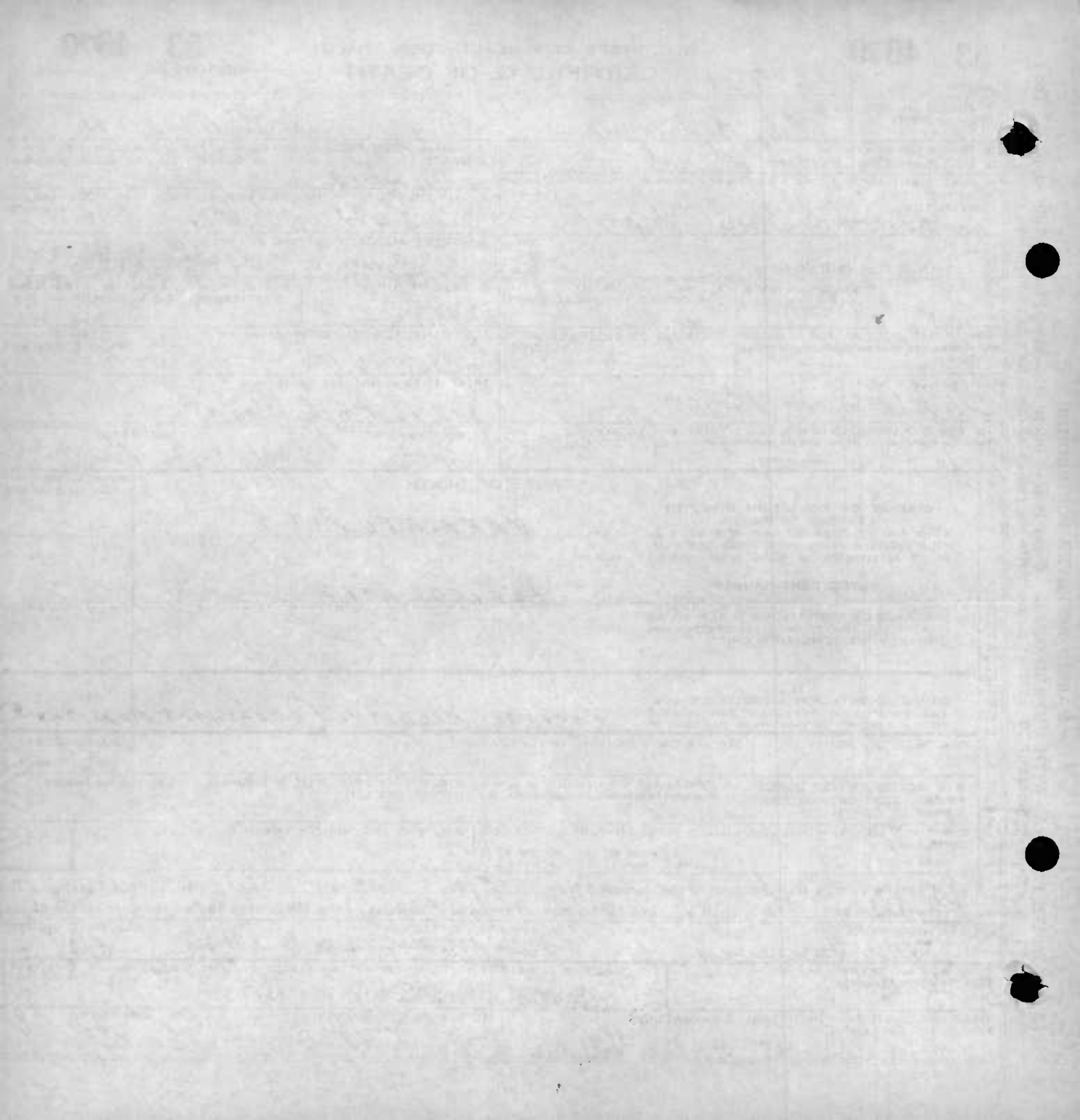
25. FUNERAL DIRECTOR

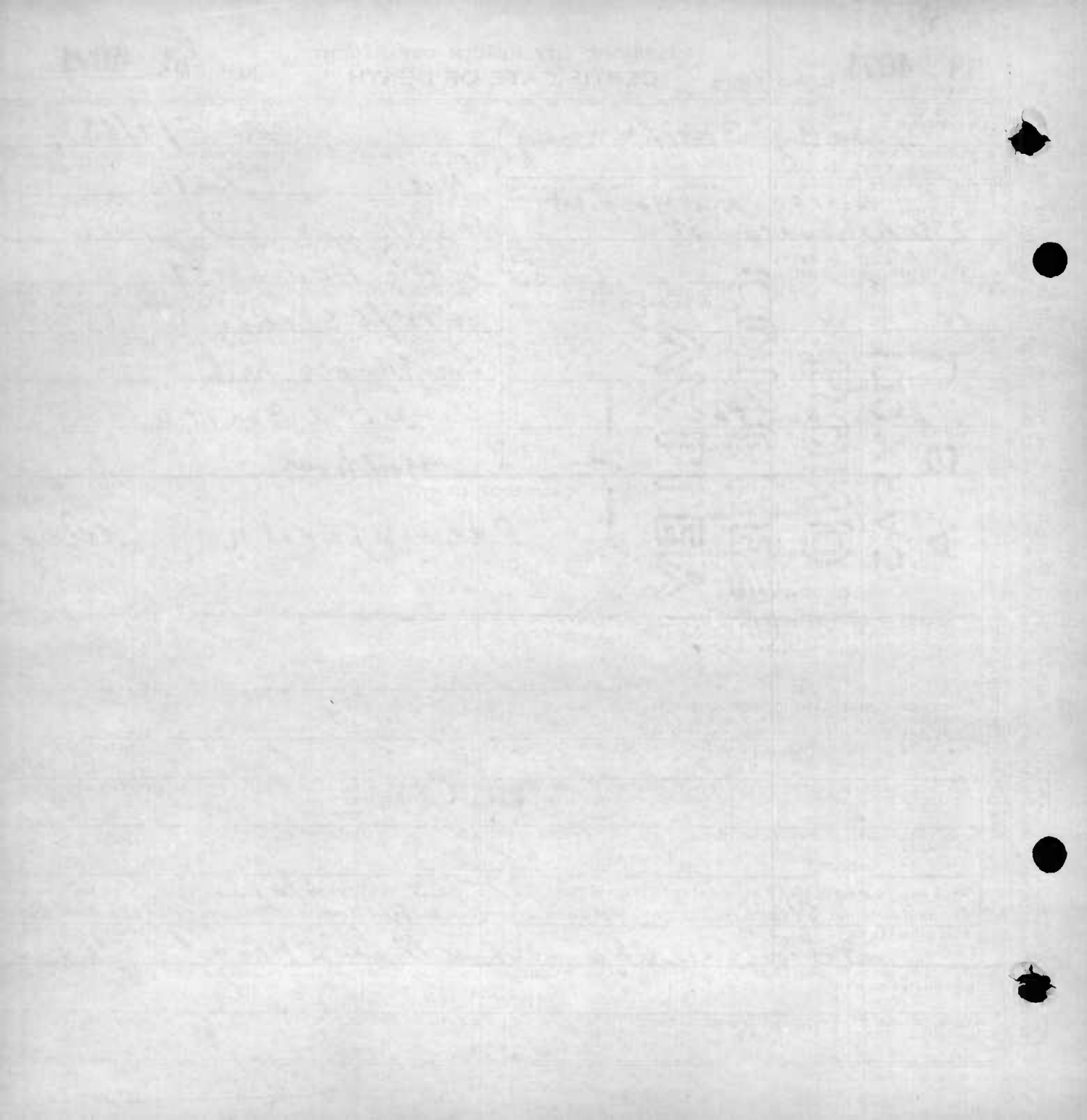
ADDRESS

MAY 17 1953

Huntington Williams, M.D.

Huntington Williams, M.D.





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4672
Registered No.

11-630
53 4672
53-10557

BIRTH NO. 53-10557

1. NAME OF DECEASED (Type or Print) Baby Girl Hardy "B"

2. DATE OF DEATH 5/11/53

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE Md.
b. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02

6. STREET ADDRESS (If rural, give location) 528 N. CARROLLTON AVE #23

7. Length of stay in Baltimore Yrs. Mos. Days

8. SEX F

9. COLOR OR RACE C

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

11. DATE OF BIRTH 5-9-53

12. AGE (in years last birthday) 2

13. BIRTHPLACE (State or foreign country) Baltimore, Maryland

14. CITIZEN OF WHAT COUNTRY? U.S.

15. FATHER'S NAME LEON HARDY

16. MOTHER'S MAIDEN NAME Wynn

17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No

18. SOCIAL SECURITY NO. None

19. INFORMANT mother

20. ADDRESS

18. 762.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ANOXEMIA

ANTECEDENT CAUSES (B) PREMATURITY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 5/10/53

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9/53, 1953, to 5/11/53, 1953, that I last saw the deceased alive on 5/10/53, 1953, and that death occurred at 3:00 AM., from the causes and on the date stated above.

23A. SIGNATURE William S. Parker M.D.

23B. ADDRESS Sinai Hospital

23C. DATE SIGNED 5-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

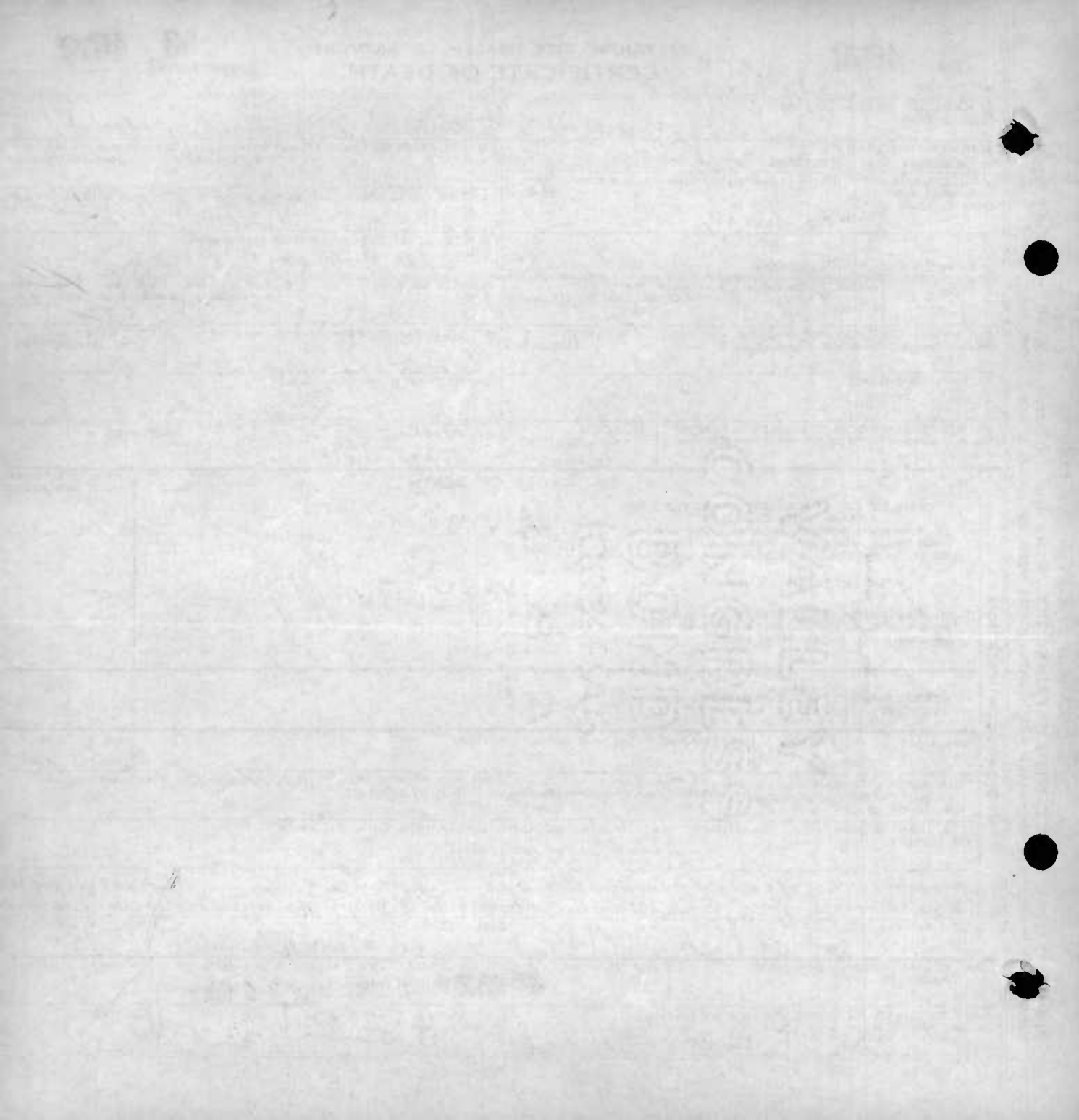
24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1953

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-163

53 4673

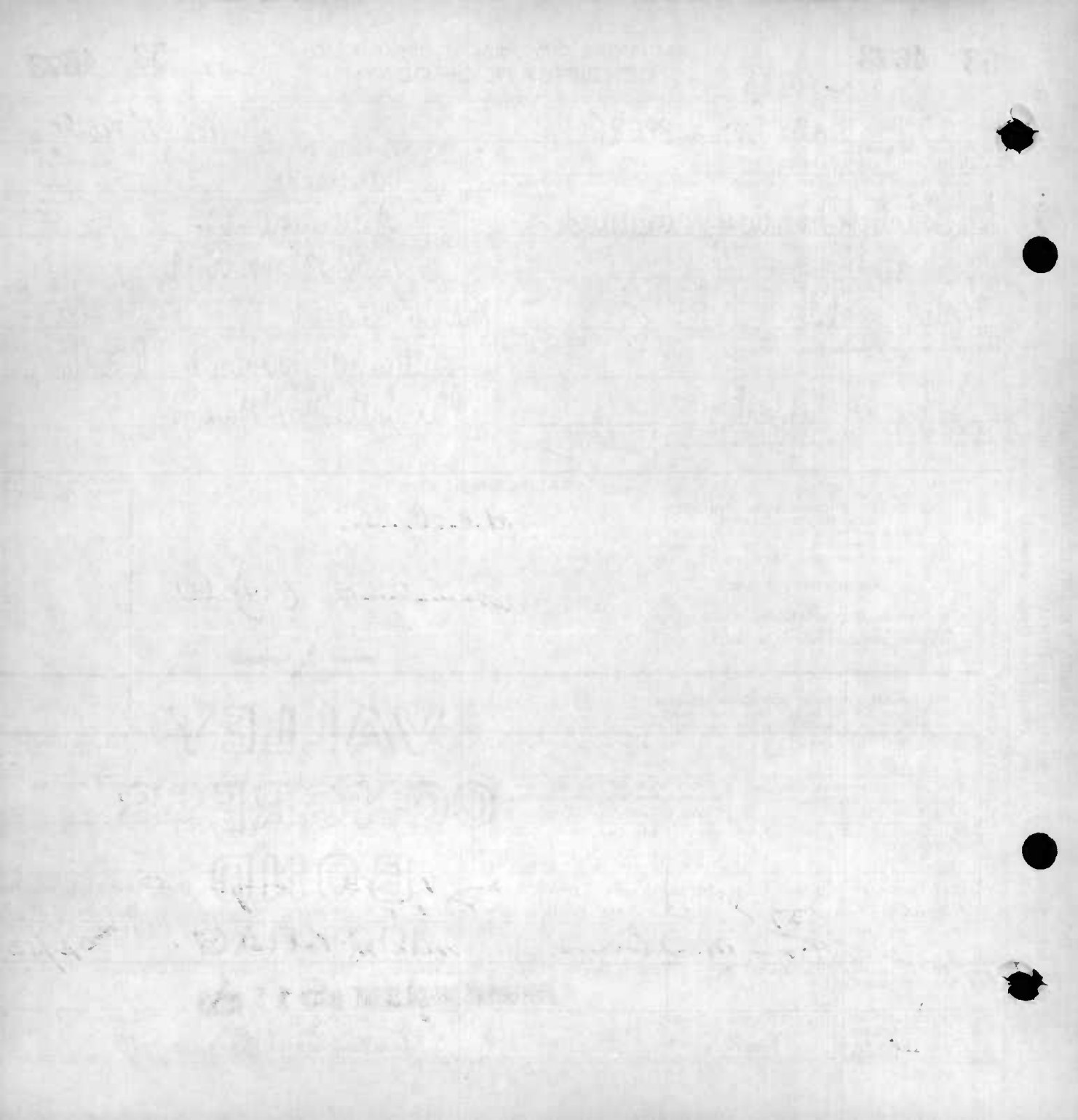
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4673

1. NAME OF DECEASED (Type or Print) BABY BOY LIPPERT			2. DATE OF DEATH May 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland			C. CITY OR TOWN Baltimore-28-5352 (If outside corporate limits, write RURAL and give township)		
6. Length of stay in Baltimore			D. STREET ADDRESS 1336 Brook Road - (If rural, give location)		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	10. DATE OF BIRTH May 2, 1953		11. AGE (in years last birthday) 12 Months Days
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			13. KIND OF BUSINESS OR INDUSTRY		
14. FATHER'S NAME John M. Lippert			15. BIRTHPLACE (State or foreign country) Baltimore - Maryland		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			17. SOCIAL SECURITY NO. 762.5		
18. SOCIAL SECURITY NO. 762.5			19. MOTHER'S MAIDEN NAME Elizabeth Mae Baum		
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			21. INFORMANT ADDRESS		

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) at electrocution		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Immaturity (24) w/d.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 2, 1953 to May 2, 1953 , that I last saw the deceased alive on May 2, 1953 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE John M. Lippert		23B. ADDRESS 1101 N. Calvert St.		23C. DATE SIGNED 5/2/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4674

Registered No. _____

BIRTH NO. 33-10908

1. NAME OF DECEASED (Type or Print) **BABY BOY SMITH** 2. DATE OF DEATH **5-8-53**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **MARYLAND** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **LUTHERAN HOSPITAL OF MARYLAND** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE 23 20-03**

D. STREET ADDRESS (If rural, give location) **1944 PRATT ST.** c. Length of stay in Baltimore Yrs. Mos. Days _____

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **S** 8. DATE OF BIRTH **5-7-53** 9. AGE (In years last birthday) Months Days **19 33**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **—** 10B. KIND OF BUSINESS OR INDUSTRY **INFANT** 11. BIRTHPLACE (State or foreign country) **MARYLAND** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **HEROY HARRY SMITH** 14. MOTHER'S MAIDEN NAME **CORINE SMITH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT **MOTHER** ADDRESS _____

18. **760.0** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Cerebral hemorrhage** (A) DUE TO **19hr-** ANTECEDENT CAUSES **Cause UNKNOWN —** (B) DUE TO _____ (C) DUE TO _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

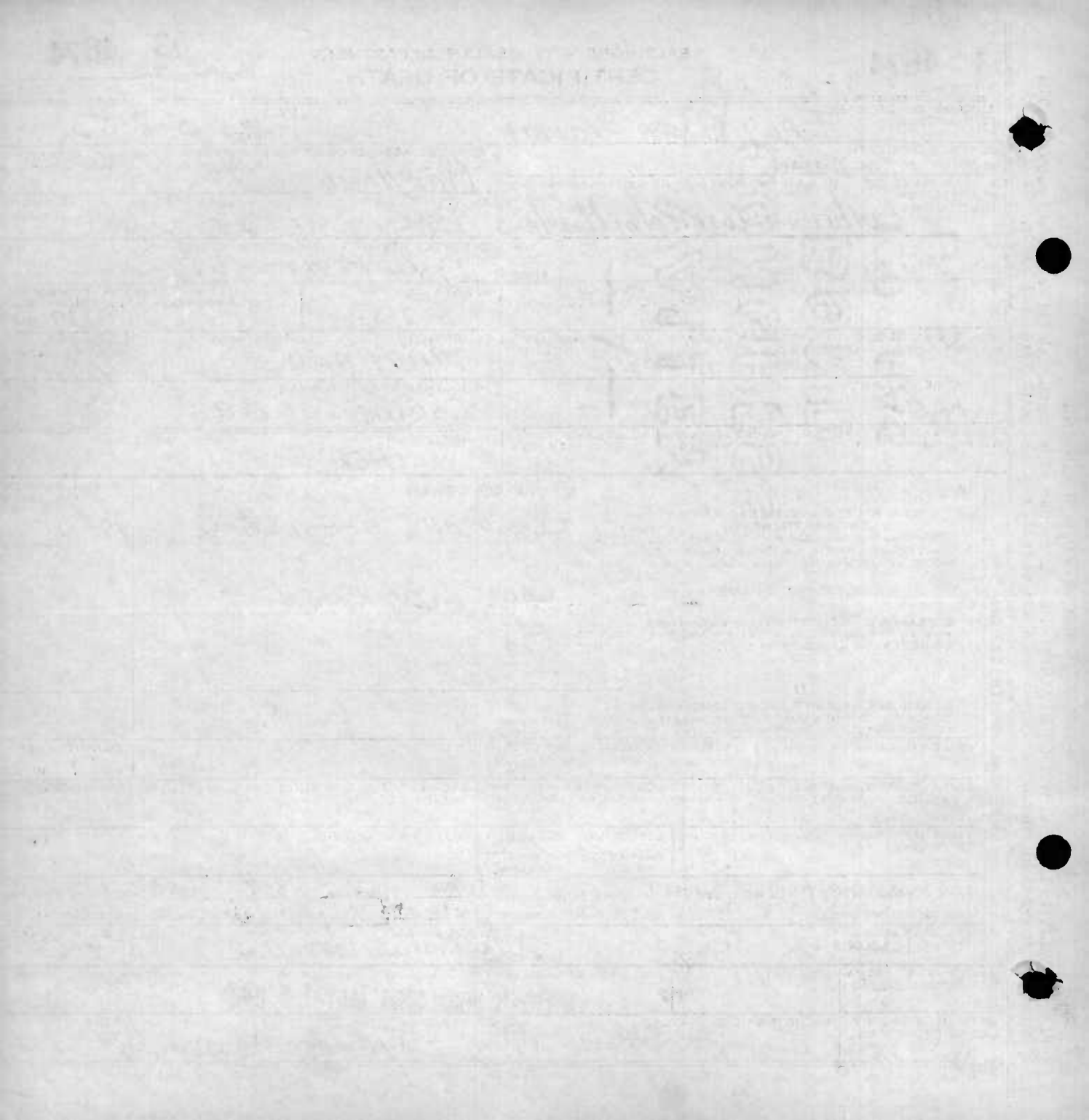
19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒ 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-7**, 19**53**, to **5-8**, 19**53** that I last saw the deceased alive on **5-8**, 19**53**, and that death occurred at **12:55P** m., from the causes and on the date stated above.

23A. SIGNATURE **James L. Gray** 23B. ADDRESS **Lutheran Hospital** 23C. DATE SIGNED **5-8-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) _____ 24B. DATE _____ 24C. NAME OF CEMETERY OR CREMATORY **JOHN HOPKINS MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **MAY 15 1953**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 17 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Huntington Williams, M.D.** ADDRESS _____



53 4675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4675

Registered No. _____

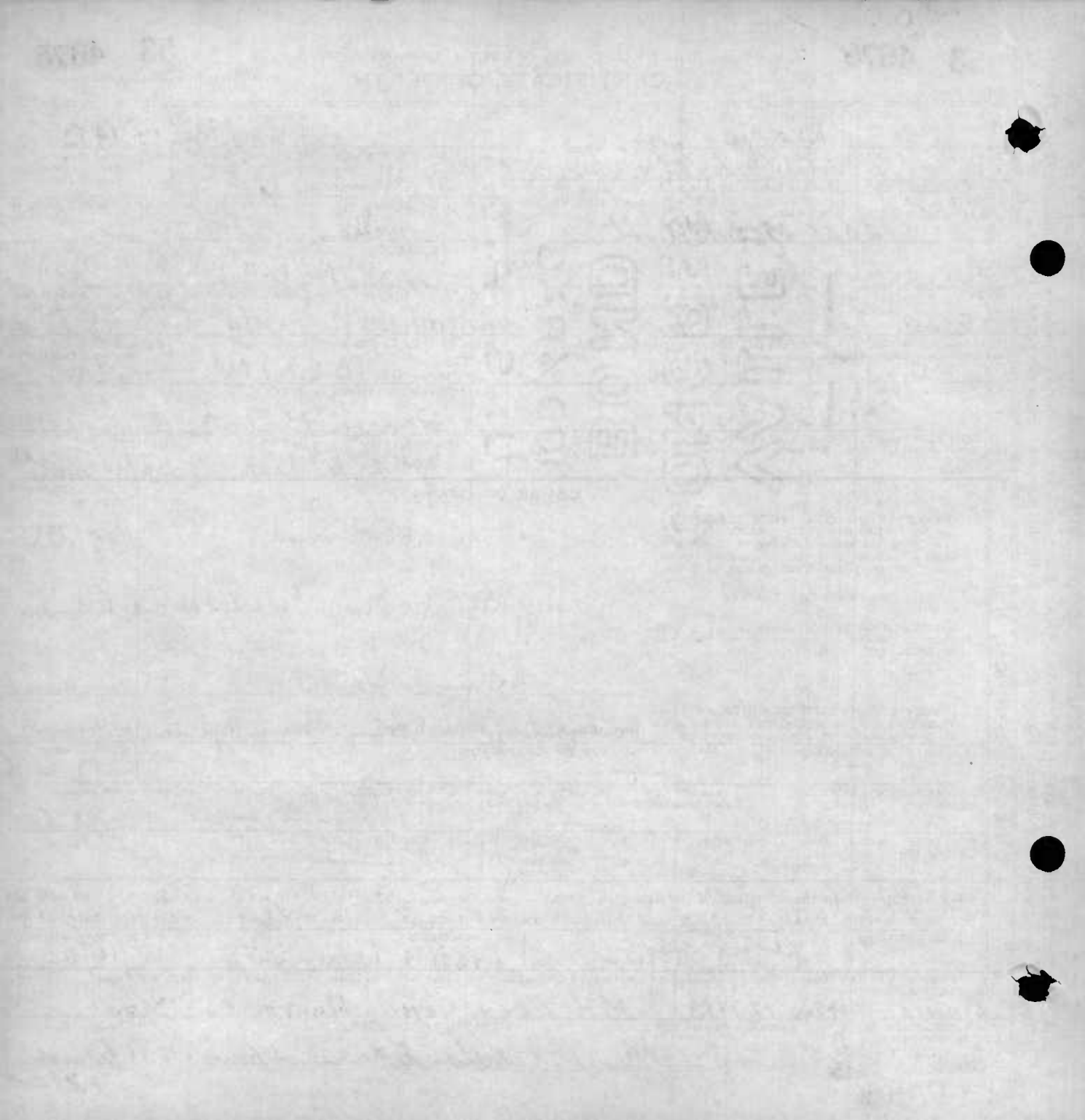
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Georgie Cook</u>			2. DATE OF DEATH <u>May 13 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2038 McCulloch St</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>1</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2038 McCulloch St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Balto.</u> <u>14-03</u>		
c. Length of stay in Baltimore <u>50 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>2038 McCulloch</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4/10/1879</u>		9. AGE (In years last birthday) <u>74</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Towson (Balt. Co.) Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Clinton Wright</u>			14. MOTHER'S MAIDEN NAME <u>James Johnson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>(If yes, give war or dates of service)</u>	17. INFORMANT <u>John A. Cook</u>		ADDRESS <u>2038 McCulloch St</u>

MEDICAL CERTIFICATION

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral occlusion</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>May 13, 1953</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive Cardio Vascular Disease unknown.</u> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Arterio-sclerosis</u> DUE TO <u>Arterio-sclerosis, Chronic Nephritis</u>		
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION <u>Arterio-sclerosis, Chronic Nephritis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>—</u>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>—</u>
22. I hereby certify that I attended the deceased from <u>Jan</u> 19 <u>53</u> , to <u>May 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>53</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.		
23A. SIGNATURE <u>Ralph J. Gorman</u>	23B. ADDRESS <u>1532 E. Monument St</u>	23C. DATE SIGNED <u>5/16/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>MAY 17, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM.</u>
24D. LOCATION (City, town, or county) (State) <u>BALTO., CO. MD.</u>	25. FUNERAL DIRECTOR <u>Huntington Williams, Mt. Holland Funeral Home - 1631 Druid Hill ave.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 17 1953</u>		



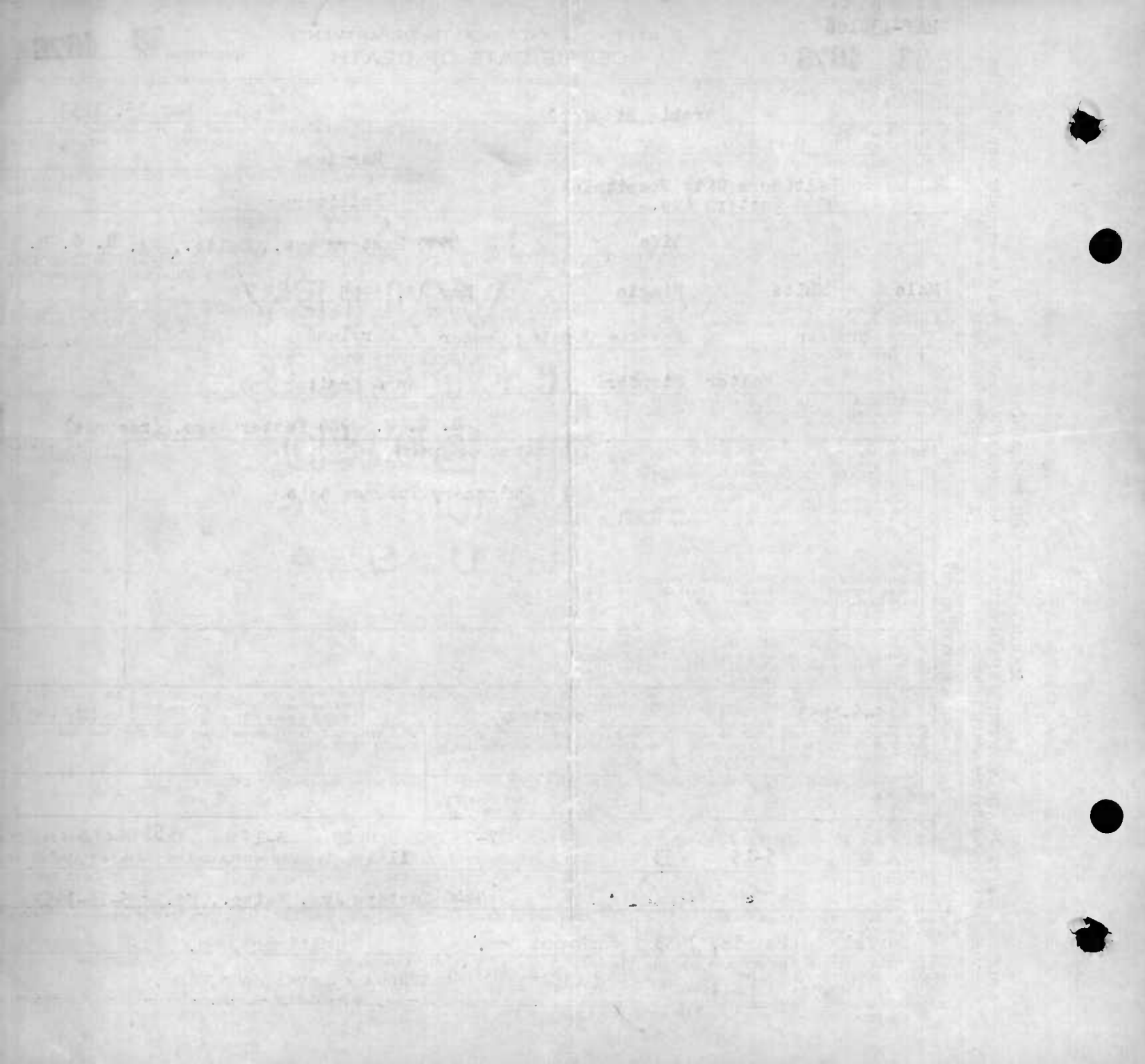
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4876		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4876	
1. NAME OF DECEASED (Type or Print) Archie Stopford				2. DATE OF DEATH May 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Balto., Md. B. C. H.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 22, 1905	9. AGE (In years last birthday) 47	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10B. KIND OF BUSINESS OR INDUSTRY Fayette Parking Center		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Walter Stopford			14. MOTHER'S MAIDEN NAME Anna Freitag		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 5-6-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Lobectomy		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-7 , 19 49 to 5-15 , 19 53 , that I last saw the deceased alive on 5-15 , 19 53 , and that death occurred at 11 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. M. [Signature]</i>			23B. ADDRESS 4940 Eastern Ave. Balto., Md.		23C. DATE SIGNED 5-15-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 18, 1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

VS 150

29083



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4677**BIRTH NO. **53 4677**

1. NAME OF DECEASED (Type or Print) ANNA POLAK			2. DATE OF DEATH May 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 615 N. Curley St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION all			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-01		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 615 N. Curley St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH April 5, 1874		9. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Behounek			14. MOTHER'S MAIDEN NAME Catherine Kucera		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Frank Polak, son, 326 Wye Road		

18. **592X I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 8, 1953**, to **May 14, 1953** that I last saw the deceased alive on **May 14, 1953**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

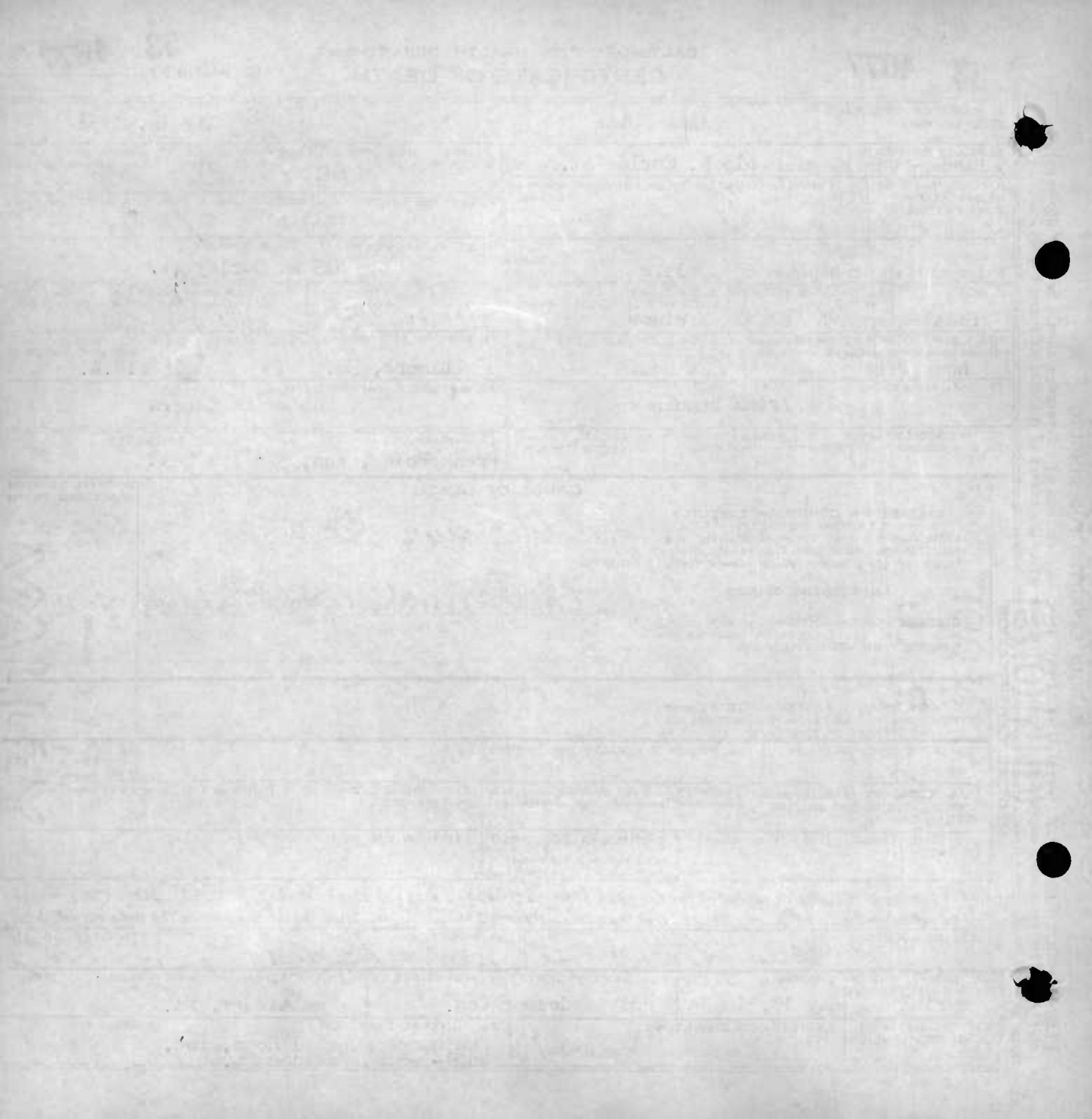
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



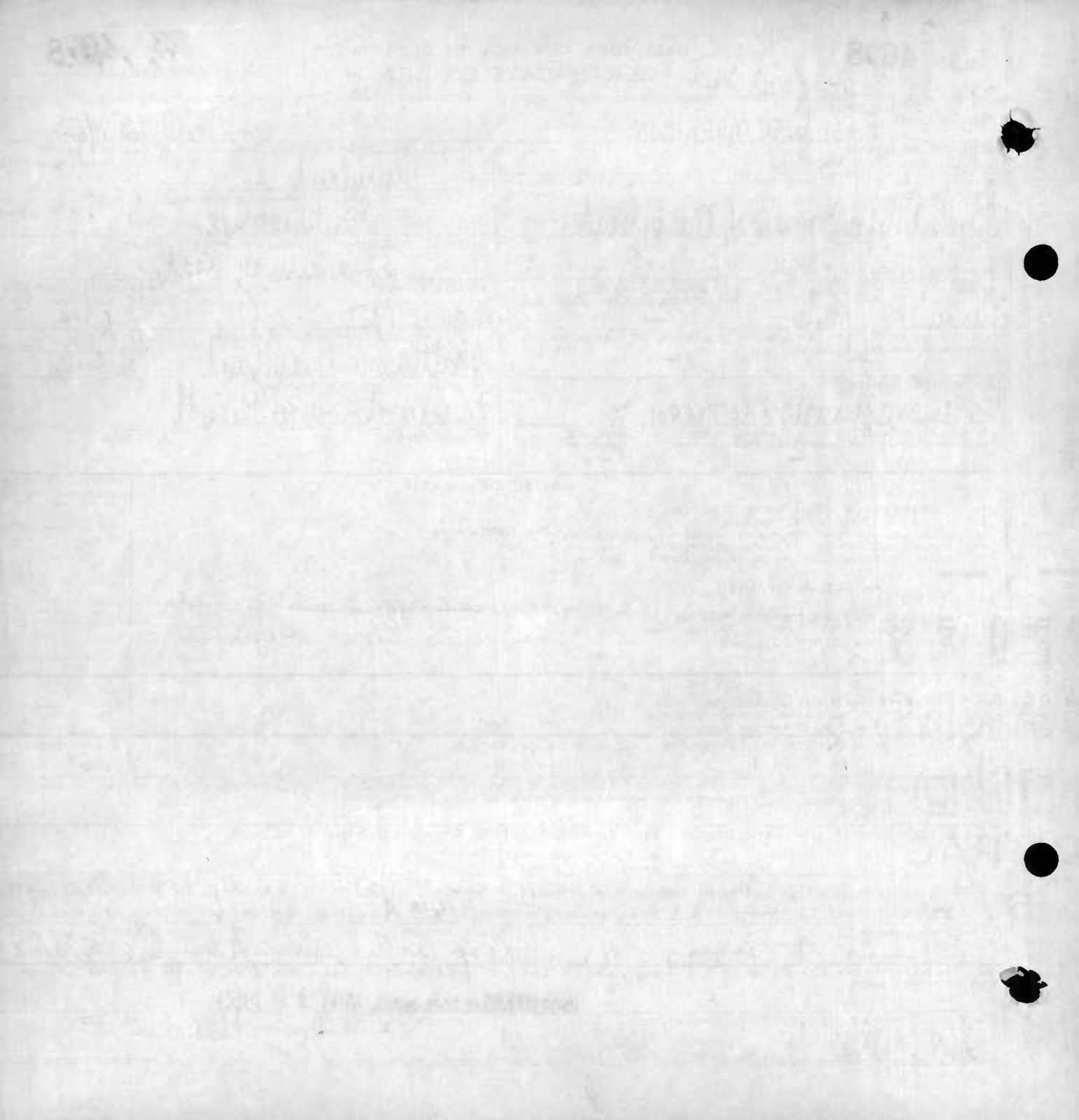
MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) BABY GIRL MORRISON			2. DATE OF DEATH May 13 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY					
5. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital in home of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 12 - 27 - 09					
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5220 Belway Road -					
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	10. DATE OF BIRTH May 11 1953		11. AGE (In years last birthday)		12. Under 1 Year Months: 1 Days: 16	13. Under 24 Hours Hours: - Min: -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Baltimore - Maryland		
12. FATHER'S NAME Charles Francis Morrison, Jr.			13. MOTHER'S MAIDEN NAME Margaret Louise Purcell			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			15. SOCIAL SECURITY NO.			16. INFORMANT ADDRESS		

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) anoxia DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Prematurity, cesarean sect. for placenta Praevia DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11 May 1953 , to 13 May 1953 , that I last saw the deceased alive on 13 May 1953 , and that death occurred at 8:12 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Riley, Jr.		23B. ADDRESS Corp for The Women of Maryland		23C. DATE SIGNED 5/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				MAY 15 1953	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	



L-200

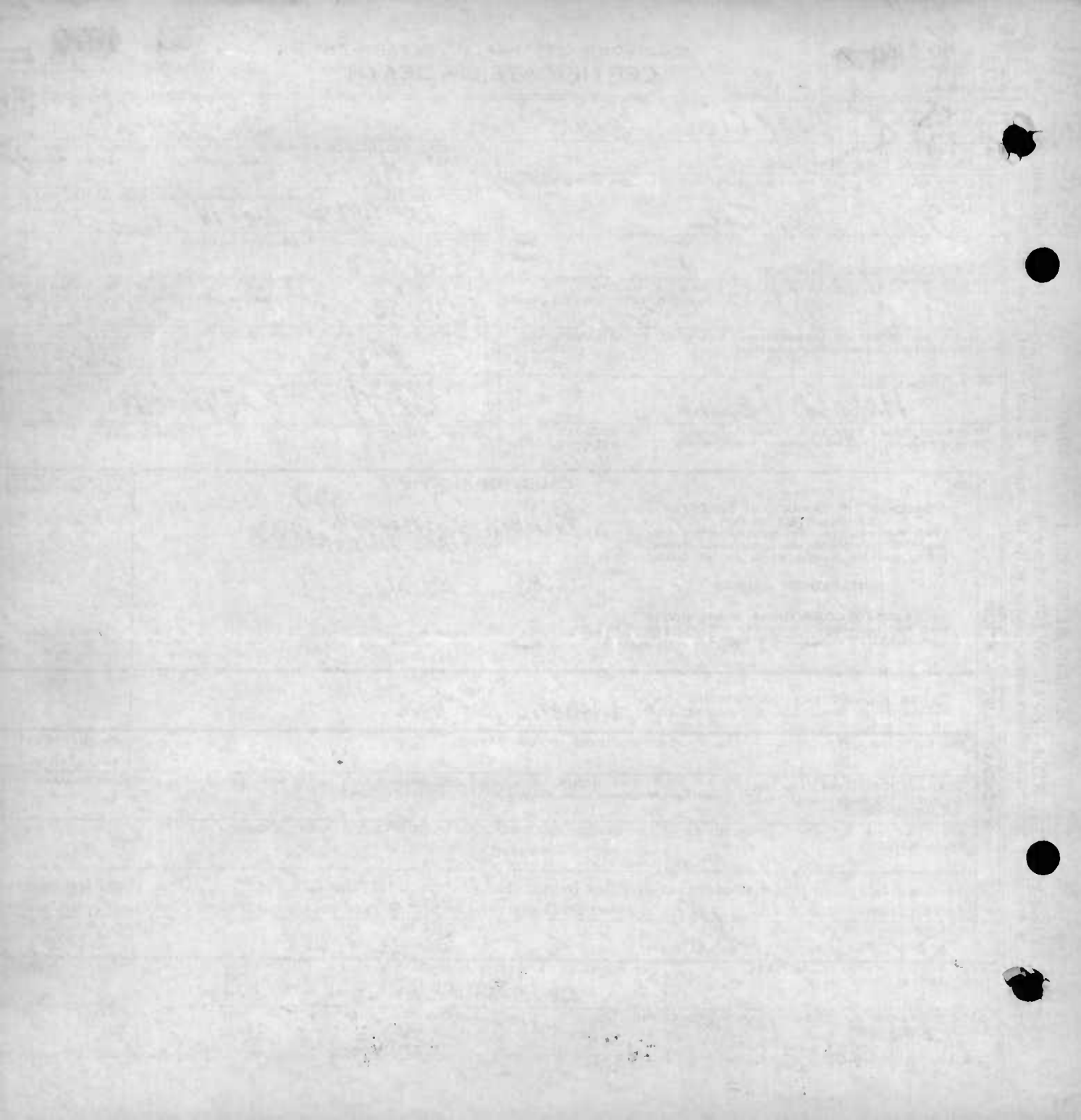
53 4679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4679
Registered No.

BIRTH NO. 53-10961		1. NAME OF DECEASED (Type or Print) BABY GIRL LEWIS		2. DATE OF DEATH 5/12/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 24A BYWAY NORTH ZONE 21			
C. Length of stay in Baltimore 1		D. STREET ADDRESS (If rural, give location) 5 BALTO 5354			
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5/11/53	9. AGE (In years last birthday) 17	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.	
13. FATHER'S NAME HAROLD LEWIS		14. MOTHER'S MAIDEN NAME BETTY RATTLIBB			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. 773.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) POSSIBLE PULMONARY?? CARDIAC FAILURE?? HYALINE MEMBRANE??		CAUSE OF DEATH (A) POSSIBLE PULMONARY?? CARDIAC FAILURE?? DUE TO (B) HYALINE MEMBRANE?? DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 17 mo.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETIC MOTHER					
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/11 , 19 53 , to 5/12 , 19 53 , that I last saw the deceased alive on 5/12 , 19 53 , and that death occurred at 11:00 a. m., from the causes and on the date stated above.					
23A. SIGNATURE S. Roman Sherry		23B. ADDRESS Sinai Hosp		23C. DATE SIGNED 5/12/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1953			
24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24G. FUNERAL DIRECTOR Huntington Williams, M.D.		24H. ADDRESS	

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4680**BIRTH NO. **53-11307**1. NAME OF DECEASED
(Type or Print)**Edward Wilhelm**2. DATE
OF
DEATH**5-10-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**B. COUNTY **Baltimore**B. FULL NAME OF
HOSPITAL OR
INSTITUTION**Maryland General Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Timonium

D. STREET ADDRESS (If rural, give location)

Cinder Road**5300**

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white7. ☒ SINGLE ☐ MARRIED.
☐ WIDOWED, ☐ DIVORCED (Specify)

8. DATE OF BIRTH

5-8-539. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.**2**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**none**10B. KIND OF BUSINESS OR
INDUSTRY**none**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Irvin A. Wilhelm

14. MOTHER'S MAIDEN NAME

Margaret Ray15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

mother

ADDRESS

same18. **763.5**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **1) Bilateral pneumonia with multiple abscess formation****3 1/2 hours**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) **2) prematurity**
3) septicemia
ruptured membranes 5 wks prior to delivery & birth**4 8 hours**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**mother had ruptured membranes for five wks prior to onset of premature labor @ 34 wks**

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 8, 1953**, to **May 10, 1953**, that I last saw the deceased alive on **May 10, 1953** and that death occurred at **8:33 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

L. K. Skipton

M. D.

23B. ADDRESS

Ind. Gen. Hosp

23C. DATE SIGNED

5-14-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 15 1953DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

00000000

0000



RECEIVED
JAN 10 1971
FBI
KNOX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

5-132

53 4681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4681

1. NAME OF DECEASED (Type or Print) **HARRY SHAVITZ**

2. DATE OF DEATH **5-17-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md** B. COUNTY **15-09**

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
4029 Fairview Ave

6. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. D. STREET ADDRESS (If rural, give location)
4029 Fairview Ave

8. Length of stay in Baltimore
Yrs. Mos. Days

9. SEX **Male**

10. COLOR OR RACE **White**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

12. DATE OF BIRTH **7-5**

13. AGE (In years last birthday) **75**

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired

17. KIND OF BUSINESS OR INDUSTRY
Melting

18. BIRTHPLACE (State or foreign country)
Russia

19. CITIZEN OF WHAT COUNTRY?
Russia

20. FATHER'S NAME
Elias

21. MOTHER'S MAIDEN NAME
Goldie

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT **Helda Edelman - daughter**

25. ADDRESS

18. **334X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **General cerebral arteriosclerosis** DUE TO

19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21. DATE OF OPERATION **0**

22. MAJOR FINDINGS OF OPERATION

23. AUTOPSY? YES ☐ NO ☒

24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour) OF INJURY

28. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

29. HOW DID INJURY OCCUR?

30. I hereby certify that I attended the deceased from **1932** to **1717**, 19**53** that I last saw the deceased alive on **5/16**, 19**53**, and that death occurred at **1:47** m., from the causes and on the date stated above.

31. SIGNATURE **Thomas S. King M.D.**

32. ADDRESS **2320 Eutaw Rd**

33. DATE SIGNED **5/17/53**

34. BURIAL, CREMATION, REMOVAL (Specify)
Burial

35. DATE **5-18-53**

36. NAME OF CEMETERY OR CREMATORY
Shaaree Tefeloh

37. LOCATION (City, town, or county) (State)
Balto Md

38. DATE RECEIVED BY LOCAL REGISTRAR
MAY 17 1953

39. REGISTRAR'S SIGNATURE
Huntington Williams

40. FUNERAL DIRECTOR
Jack Lewis

41. ADDRESS
2100 Eutaw Rd

VS 150

Kurch
3001 Garrison
Mo 4 5062

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE OF MISSOURI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

53 4082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4082
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE DAGOLD		2. DATE OF DEATH 5-17-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3810 Woodhaven Ave Baltimore		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 15-38	
7. Length of stay in Baltimore Life		8. STREET ADDRESS (If rural, give location) 3810 Woodhaven Ave	
9. SEX male	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	12. DATE OF BIRTH 53
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME Isaac		16. MOTHER'S MAIDEN NAME Jennie	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach		20. INTERVAL BETWEEN ONSET AND DEATH 2 mo	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Stomach		22. DUE TO 18 mo	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION 3-28-52		25. MAJOR FINDINGS OF OPERATION Cancer of Stomach	
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		29. HOW DID INJURY OCCUR?	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. I hereby certify that I attended the deceased from 5-17-53 to 5-17-53 , that I last saw the deceased alive on 5-17-53 , and that death occurred at 11 m., from the causes and on the date stated above.			
33. SIGNATURE Isaac Reuber		34. ADDRESS 3003 Laramie Blvd Baltimore Md	
35. DATE SIGNED 5-17-53		36. DATE SIGNED	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE 5-17-53	
39. NAME OF CEMETERY OR CREMATORY Beck Tylech		40. LOCATION (City, town, or county) (State) Balto Md	
41. DATE RECEIVED BY LOCAL REGISTRAR		42. REGISTRAR'S SIGNATURE Jack Lewis	
43. FUNERAL DIRECTOR		44. ADDRESS 2100 Canton Pl	

Pausher
3003 Garrison
Rv2 0068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 4683

BIRTH NO.

53-10310

1. NAME OF DECEASED
(Type or Print)

Baby Girl Salling

2. DATE
OF
DEATH

5/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Rural

Essex 5354

D. STREET ADDRESS (If rural, give location)

1610 Rickenbacker Rd #21

c. Length of stay in Baltimore

9 hours

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5-6-53

9. AGE (In years
last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sam

14. MOTHER'S MAIDEN NAME

Theresa

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

mother

ADDRESS

18. 774X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Perforated Spleen Membrane 9 hours
to disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6 1953, to 5/6 1953, that I last saw the
deceased alive on 5/6 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Pearl Danner

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

5/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

1000-100

1000

1000-100



BALTIMORE CITY HEALTH DEPARTMENT

53 4084

Registered No.

CERTIFICATE OF DEATH

BIRTH NO.

53 4084 53-10845

1. NAME OF DECEASED
(Type or Print)

BABY BOY LEVY

2. DATE
OF
DEATH

5-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

12-02

D. STREET ADDRESS (If rural, give location)

3401 N. Calver St

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

5-11-53

9. AGE (In years
last birthday)

4 days

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

SANFORD LEVY

14. MOTHER'S MAIDEN NAME

BETTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Sanford N. Levy 3401 N. Calver St

18.

762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) asphyxiation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-1953 to 5-15-1953, that I last saw the
deceased alive on 5-15-1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Phillips

M. D.

23B. ADDRESS

Union Memorial Hosp. 5-15-53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Frederick Rd. (Bald.) Md

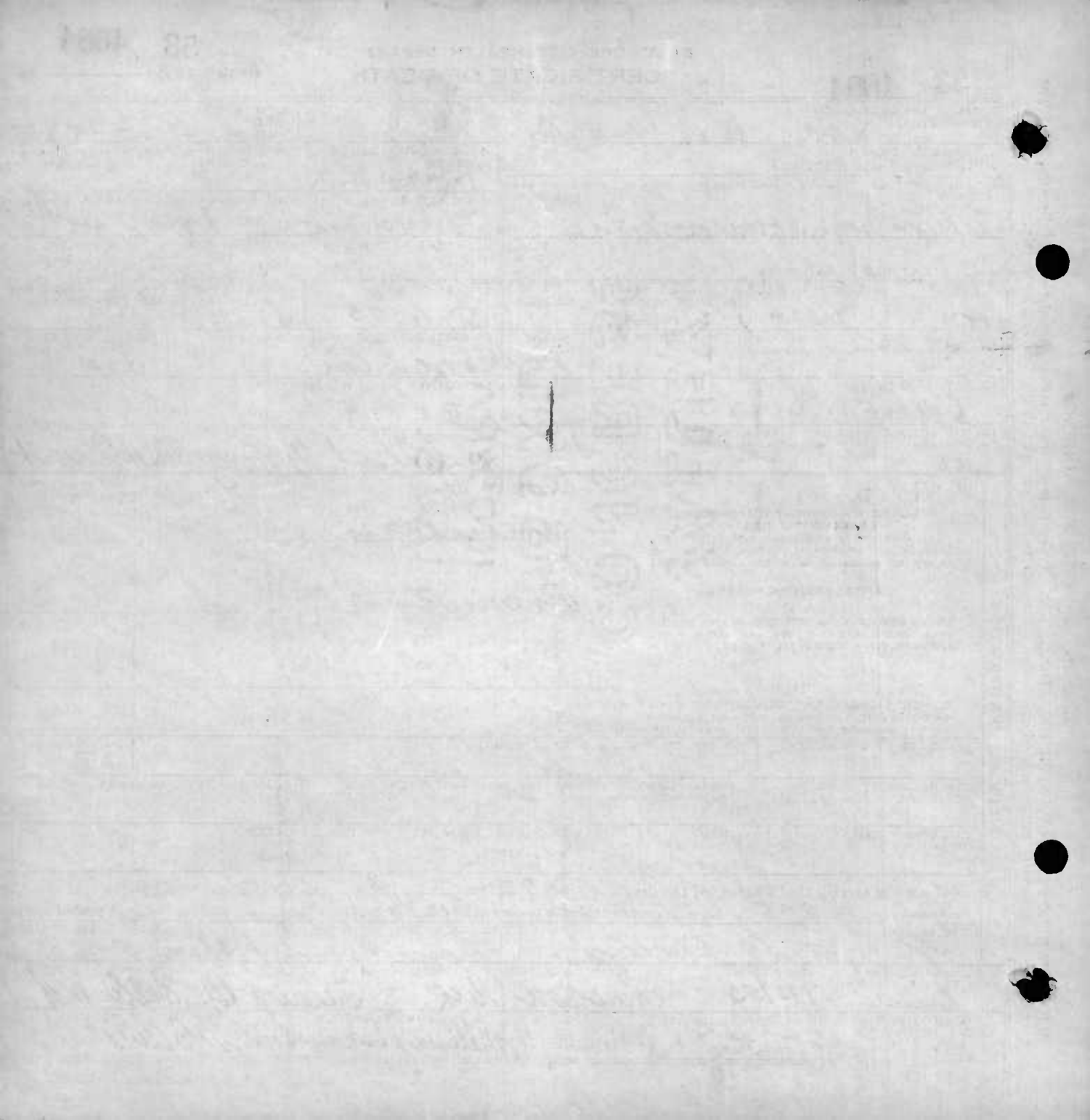
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Williams, M.D. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4685

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Adam Goetz*2. DATE OF DEATH *8:25 a.m. May 15-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 6-*, 1953, to *May 15*, 1953, that I last saw the deceased alive on *May 13*, 1953, and that death occurred at *8:25 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4886
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pauline Deub

2. DATE OF DEATH 15 May 1953
9-150 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTYMaryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
700 Little Sisters of the PoorD. STREET ADDRESS (If rural, give location)
1200 Valley St.

C. Length of stay in Baltimore 8 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

20 11 1859

9. AGE (in years last birthday) 93

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Gottlieb Blumhardt

14. MOTHER'S MAIDEN NAME

Mary Speck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

L. Sis of the Pool

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Myocarditis

3 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to May 15, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 9-150 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall M.D.

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4687

Registered No. _____

53 4687

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>JOSEPH THOMAS BOWES</i>			2. DATE OF DEATH <i>5-15-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE <i>MD.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>507 E. 20TH ST.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i> <i>9-08</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>507 E. 20TH ST.</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>1868</i>	9. AGE (In year, last birthday) <i>85</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>GROCERY-MAN</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>SELF</i>		
11. BIRTHPLACE (State or foreign country) <i>BALTO. MD.</i>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <i>PATRICK BOWES</i>			14. MOTHER'S MAIDEN NAME <i>MARY WHALEN</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>MISS MARGARET M. BOWES - 507 E. 20TH</i>			ADDRESS _____		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Inflammation - acute</i> DUE TO (B) _____		<i>2 weeks</i>
(C) <i>Arteriosclerotic Cardio-Vascular Disease</i>		<i>(?)</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-30-1953</i> to <i>5-14-1953</i> that I last saw the deceased alive on <i>5-14-1953</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur Karfen</i>		23B. ADDRESS <i>1532 Havenwood Rd.</i>		23C. DATE SIGNED <i>5-16-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>5-18-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>CATHEDRAL CITY</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 17 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Harrison</i>		25. FUNERAL DIRECTOR <i>Greenfield & Sons</i>	
				ADDRESS <i>Greenfield & Sons</i>	

DA KAREGIN

NORTHWOOD

53 4088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4088
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES EUGENE GORDON

2. DATE
OF
DEATH

5-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5117 Park Heights Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-25-1873

9. AGE (in years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Farmer (owner)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Gordon

14. MOTHER'S MAIDEN NAME

Elizabeth Wolfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs. Mary S. Gordon, Ellicott City, Md.

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 days -

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 1953, to 5-15, 1953, that I last saw the
deceased alive on 5-15, 1953, and that death occurred at 4 00 m., from the causes and on the date stated above.

23A. SIGNATURE

F. C. Higginbotham

M. D.

23B. ADDRESS

10374. Calvert St

23C. DATE SIGNED

5/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-18-53

24C. NAME OF CEMETERY OR CREMATORY

Linthicum Chapel

24D. LOCATION (City, town, or county)

Clarksville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. C. Higginbotham

25. FUNERAL DIRECTOR

ADDRESS

F. C. Higginbotham, Ellicott City, Md.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-620

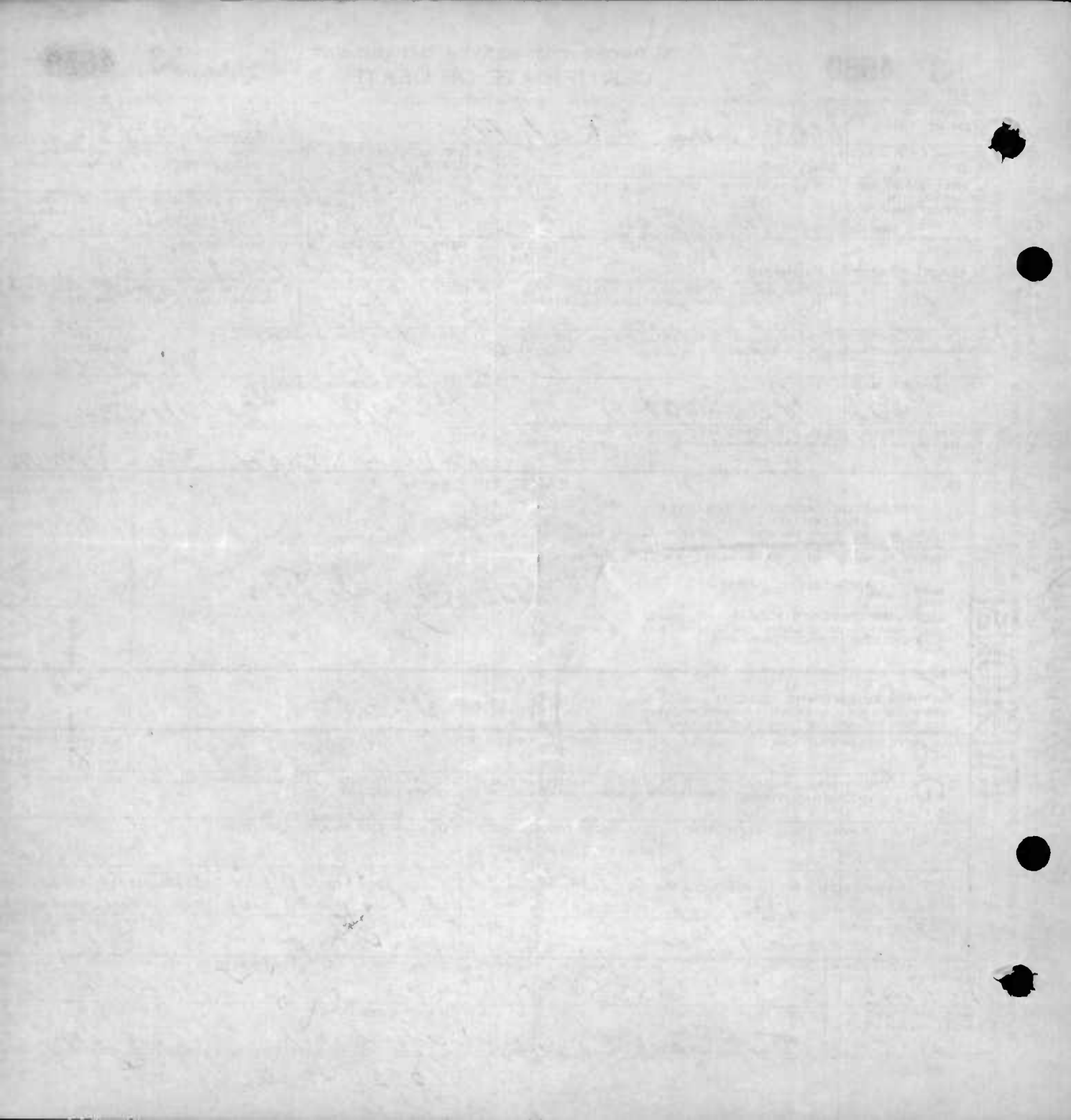
53 4689
BIRTH NO. 53-11066BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4689

1. NAME OF DECEASED (Type or Print) BABY GIRL SROKA			2. DATE OF DEATH 5/17/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTO. 1-65		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 309 S. DUNCAN ST.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5/16/53	9. AGE (In years last birthday)	If Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) MD.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME PAUL A. SROKA			14. MOTHER'S MAIDEN NAME ANNA HELOWICZ		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT PAUL A. SROKA			ADDRESS 309 S. DUNCAN ST.		

18. 768.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Sepsis ??	CAUSE OF DEATH Sepsis ??	INTERVAL BETWEEN ONSET AND DEATH 15 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. maternal infection ??	(A) DUE TO (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity		

19A. DATE OF OPERATION 5/18/53	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5/16 , 19 53 to 5/17 , 19 53 that I last saw the deceased alive on 5/17 , 19 53 , and that death occurred at 2 P. m., from the causes and on the date stated above.		
23A. SIGNATURE S. Roman Shury	23B. ADDRESS Sinai Hosp.	23C. DATE SIGNED 5/17/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5-18-53	24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD	25. FUNERAL DIRECTOR 2525 F. ...	
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	ADDRESS 2525 F. ...



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4690		Registered No. 53 4690	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) NEUMANN, FRANK C				2. DATE OF DEATH 5/15/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 38 UNIVERSITY HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 8-01 #13			
C. Length of stay in Baltimore LIFE				D. STREET ADDRESS (If rural, give location) 3419 WOODSTOCK AVE			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3/24/69	9. AGE (In years last birthday) 84	If Under 1 Year Months: Days: Hours: Min.	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Wagon Builder (Retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO	
13. FATHER'S NAME JOHN				14. MOTHER'S MAIDEN NAME MARGARET			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO.				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS HERBERT NEUMANN 7531 HARFORD	
18. 331X and 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CEREBRAL VASC. ACC. DUE TO (B) ARTERIOSCLEROSIS DUE TO (C) CARCINOMA OF RECTUM				INTERVAL BETWEEN ONSET AND DEATH 3 WKS. ? ?			
19. DATE OF OPERATION 0				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 4/15 , 19 53 , to 5/15 , 19 53 , that I last saw the deceased alive on 5/15 , 19 53 , and that death occurred at 1:40 A. M. , from the causes and on the date stated above.							
23A. SIGNATURE Dr. B. B. Smith, Jr.				23B. ADDRESS M. O. Univ. Hosp. Balto		23C. DATE SIGNED 5/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 18, 1953		24C. NAME OF CEMETERY OR CREMATORY PARK WOOD		24D. LOCATION (City, town, or county) (State) PARKVILLE MD	
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME 2008 ORLEANS ST			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4891****53 4891**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARY WILLIAMS DAVIS**2. DATE
OF
DEATH**5-14-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**Provident Hosp. and
Free dispensary**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore****15-03**

c. Length of stay in Baltimore

27 yrs.Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2200 Westwood Ave. City

5. SEX

Female

6. COLOR OR RACE

ed7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

4-10-239. AGE (In years
last birthday)**30 yrs**

If Under 1 Year Months: Days: Hours: Min.

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**House wife**10B. KIND OF BUSINESS OR
INDUSTRY**Domestic**

11. BIRTHPLACE (State or foreign country)

Elms West Va12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

James Williams

14. MOTHER'S MAIDEN NAME

Bertha Walton15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no****no**16. SOCIAL
SECURITY NO.**none**

17. INFORMANT

Manning Davis (H)

ADDRESS

2200 Westwood Ave18. **592X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic glomerulo-nephritis

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-29, 1953** to **5-14, 1953**, that I last saw the
deceased alive on **5-14, 1953**, and that death occurred at **3:03 PM**, from the causes and on the date stated above.

23A. SIGNATURE

Ignacio T. Garcia

M.D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

5-15-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Pk.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.DATE RECEIVED BY
LOCAL REGISTRAR**MAY 18 1953**

REGISTRAR'S SIGNATURE

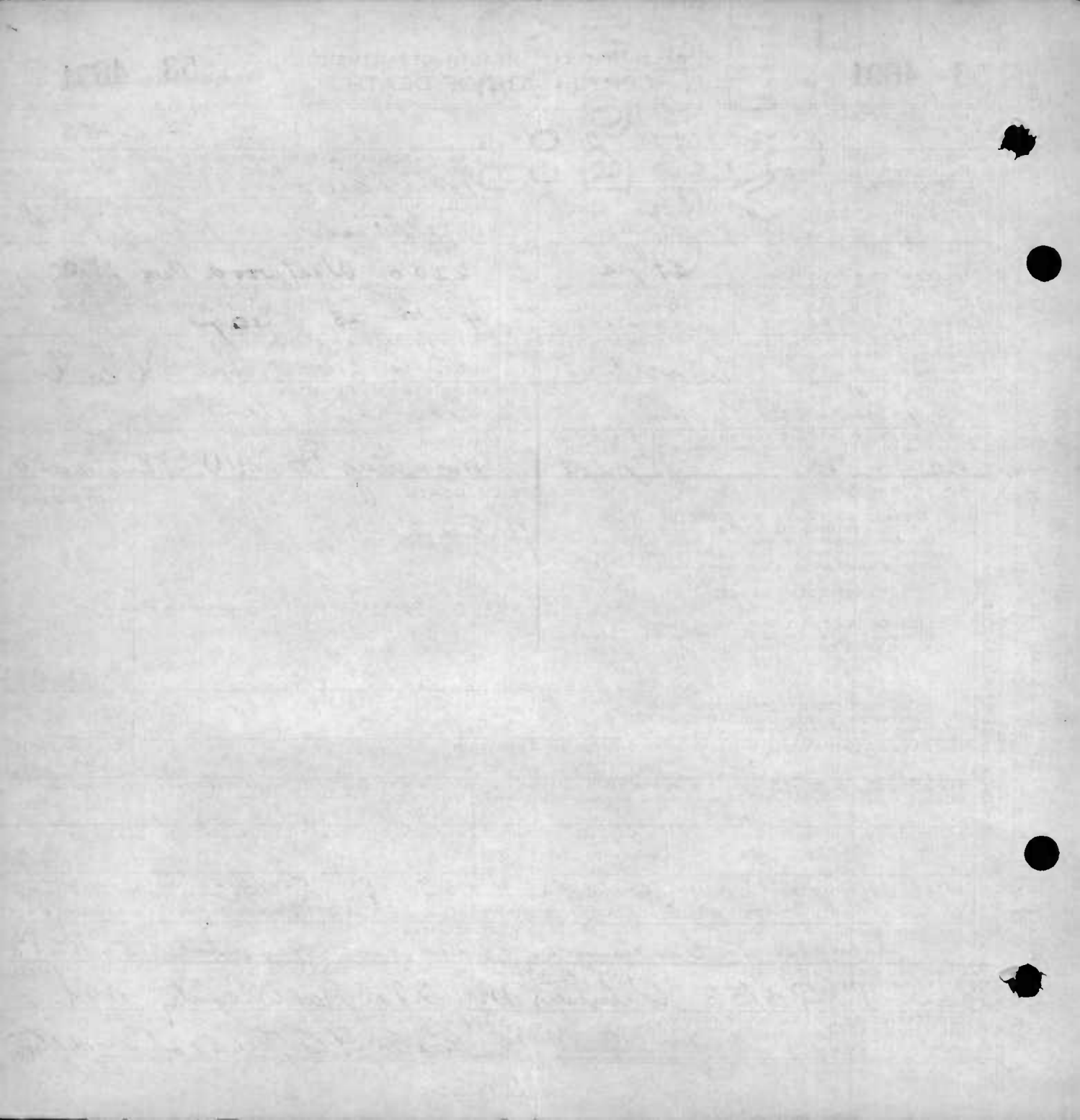
Huntington Williams

25. FUNERAL DIRECTOR

Charles G. Cooper

ADDRESS

512 Carrollton



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635
53 169826
4852BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4892

1. NAME OF DECEASED (Type or Print)		William Martin		2. DATE OF DEATH		5-15-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				A. STATE			
Baltimore City Hospitals				Maryland			
4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Baltimore				D. STREET ADDRESS (If rural, give location)			
1518 Druid Hill Avenue				E. DATE OF BIRTH			
c. Length of stay in Baltimore				Jan. 31, 1909			
life				9. AGE (In years last birthday)			
Yrs. Mos. Days				44			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country)	
Male		Negro		Married		Maryland	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY?			
Foreman				14. MOTHER'S MAIDEN NAME			
13. FATHER'S NAME				Helen Bosley (D)			
John Martin (D)				17. INFORMANT ADDRESS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				B.C.H. 4940 Eastern Ave. (records)			
16. SOCIAL SECURITY NO.				18. 162x			
212-05-8537				CAUSE OF DEATH			
18. 162x				Lung			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				Bronchogenic Carcinoma of right			
DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4 - 25 - 1953, to 5 - 15 - 1953, that I last saw the deceased alive on 5 - 15 - 1953, and that death occurred at Pm., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED	
H. J. Williams				4940 Eastern Avenue		5 - 15 - 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
May 20 - 1953		May 20 - 1953		Mt Auburn		Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
MAY 18 1953		Huntington Williams, M.D.		Va Brooks Ruggold		14637. Carey	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4693**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Hiram L. Mason**2. DATE
OF
DEATH**May 16, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Md.**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**1735 Ellamont St.,**C. CITY OR TOWN (If outside corporate limits, write, RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

1735 Ellamont St.,

c. Length of stay in Baltimore

64-Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 13, 18889. AGE (In years
last birthday)**64**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Bookkeeper**10B. KIND OF BUSINESS OR
INDUSTRY**Allied Building
Accessories, Inc.**

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard C. Mason

14. MOTHER'S MAIDEN NAME

Alice Spicer15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**219-10-6129**

17. INFORMANT

ADDRESS

Mrs. Stella L. Mason 1735 Ellamont St.,

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

**Cerebral Embolus
Myocardial Infarction**INTERVAL BETWEEN
ONSET AND DEATH**3 wks
9 years**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**None**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 6, 1944** to **May 16, 1953**, that I last saw the
deceased alive on **5-15, 1953**, and that death occurred at **12:30 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

San Aslman

M. D.

23B. ADDRESS

1201 Poplar Ave St

23C. DATE SIGNED

5-16-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-1 -1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,**Md.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

6108

Dr. Leon Ashman

1201 Poplar St. N.

WI-5-2783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4694

Registered No.

53 4694

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Nannie Hess Rowzee			2. DATE OF DEATH May 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4901 Wetheredsville Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore 55-Yrs.			E. STREET ADDRESS (If rural, give location) 4901 Wetheredsville Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1875	9. AGE (In years last birthday) 77	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Heskett			14. MOTHER'S MAIDEN NAME Catherine Maddox		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Clarence J. Moran		
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1 year			INTERVAL BETWEEN ONSET AND DEATH 4 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from april , 19 51 , to May 15 , 19 53 , that I last saw the deceased alive on May 15 , 19 53 , and that death occurred at 10:10 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Edw. H. Mortimer Jr.			23B. ADDRESS 2706 St Paul St		23C. DATE SIGNED 5/16/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-18-1953	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR G. Howard Strong		
ADDRESS 3207 W. North Ave.,					

Al Egbert L. Montemayor Jr 5-
2706 Al Red St. Bal 9759

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S-420
53 4695
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4695
Registered No.

1. NAME OF DECEASED (Type or Print) SWAILES, Joseph Edward			2. DATE OF DEATH May 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION USPHS Hospital Wyman Pk Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 52 years			D. STREET ADDRESS (If rural, give location) 1215 Biddle St. 10-01		
5. SEX Male	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/23/00		9. AGE (In years last birthday) 52 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Richard Coombs			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. unknown		17. INFORMANT ADDRESS <input checked="" type="checkbox"/> Records - USPHS Hospital, Baltimore, Md.	
18. 019.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Miliary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH Unknown		
19A. DATE OF OPERATION <input checked="" type="checkbox"/>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 11 , 19 53 , to May 16 , 19 53 that I last saw the deceased alive on May 16 , 19 53 and that death occurred at 5:16A m., from the causes and on the date stated above.					
23A. SIGNATURE J. A. Hunter J. A. Hunter, Clinical Director		23B. ADDRESS USPHS Hospital, Baltimore, Md.		23C. DATE SIGNED 5/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE May 20/53		24C. NAME OF CEMETERY OR CREMATORY mt. Calvary Cem. A.D. County Md.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Mrs. B. H. G. Ellard & Daughter		24F. ADDRESS 1129 N. Caroline St.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-169943		M-560		BALTIMORE CITY HEALTH DEPARTMENT		53 4096		Registered No. 53 4096	
BIRTH NO. 53 4096		CERTIFICATE OF DEATH							
1. NAME OF DECEASED (Type or Print) Samuel Monroe				2. DATE OF DEATH May 15-1953					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore					
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Sparrows Point					
C. Length of stay in Baltimore 16days				D. STREET ADDRESS (If rural, give location) 1001 J. St. zone 19 5300					
5. SEX M		6. COLOR OR RACE N		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH ? 1887		9. AGE (In years last birthday) ? 66	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cumberland, Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Monroe				14. MOTHER'S MAIDEN NAME Unknown		17. INFORMED BY Baltimore City Hospitals Records: 4940 Eastern Ave.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMED BY			
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage due to Hypertension DUE TO				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 4-29-1953, to 5-15-1953 that I last saw the deceased alive on 5-15-1953, and that death occurred at 6:45AM from the causes and on the date stated above.									
23A. SIGNATURE H. John De...				23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED May 15-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 19/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.		24D. LOCATION (City, town, or county) G. G. County Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FURNERAL DIRECTOR		ADDRESS			
MAY 18 1953		Huntington Williams, M.D.		Mrs. Robert A. Elliott & Daughters		1129 N. Caroline St.			
VS 150				6903A					

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-625

53 4097

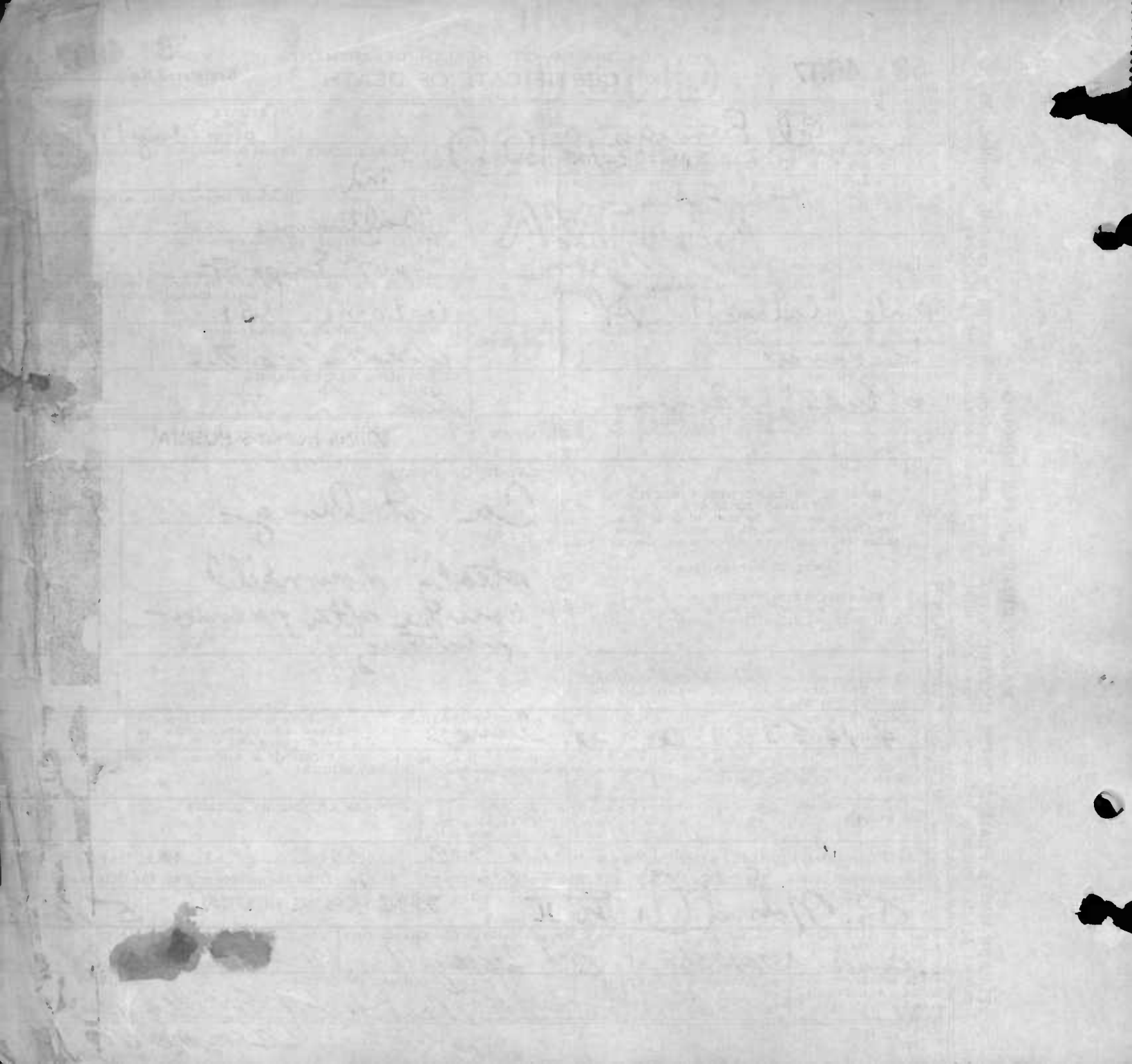
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4097
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>El Parsons</i>		2. DATE OF DEATH <i>May 15, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Hal 25</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2007 Eager St.</i>		E. CITY OR TOWN (If rural, give location)	
c. Length of stay in Baltimore <i>18 wks.</i>		Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SP.</i>	8. DATE OF BIRTH <i>6-20-01</i>
9. AGE (In years last birthday) <i>51</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Wadesboro N.C.</i>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Shirley Parsons</i>	
14. MOTHER'S MAIDEN NAME <i>Leri</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>163x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Ca st. lung</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4-5 mos.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>steady downhill course after pneumonia</i>		(B) DUE TO	
(C) DUE TO		(D) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>4-14-53</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Ca st. lung</i>	
19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-9</i> , 1953 to <i>5-15</i> , 1953, that I last saw the deceased alive on <i>5-15</i> , 1953, and that death occurred at <i>4:15</i> p.m., from the causes and on the date stated above			
23a. SIGNATURE <i>D.B. Roland Carter II</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23c. DATE SIGNED <i>5-16-53</i>		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 20/53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>9.9 County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 18 1953</i>		REGISTRAR'S SIGNATURE <i>Mr. Robert A. Elliott & Daughter</i>	
FUNERAL DIRECTOR <i>97099 129 N. Caroline St.</i>		ADDRESS	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4698**

53 4698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johnson Sadie

2. DATE
OF
DEATH

5/16 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1020 N Gay St 7-04

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX
F

6. COLOR OR RACE
negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

1-1-1896

9. AGE (In years,
last birthday)

57

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James E Taylor

14. MOTHER'S MAIDEN NAME

Stella Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) *Pulmonary edema.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Myocardial Infarction.*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *5/14*, 19*53*, to *5/16*, 19*53*, that I last saw the deceased alive on *5/16*, 19*53*, and that death occurred at *9:20 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

J S Schimmel

M. D.

23B. ADDRESS

Franklin Square Hospital 571253

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1953

Huntington Williams, M.D.

Mr Robert J. Elliott, Doughty

VS 150

1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1908

UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF ANALYSIS

1908

1908



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4899**BIRTH NO. **53 4899**1. NAME OF DECEASED
(Type or Print)**GEORGE W ABRAMS**2. DATE
OF
DEATH**5-17-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **md** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**3808 Fairview Ave**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore 15-09**

D. STREET ADDRESS (If rural, give location)

3808 Fairview Ave

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

7-89. AGE (In years
last birthday)**78**If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Retired**10B. KIND OF BUSINESS OR
INDUSTRY**Butcher**

11. BIRTHPLACE (State or foreign country)

Lith12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

14. MOTHER'S MAIDEN NAME

Sarah15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If Yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**No**

17. INFORMANT

Isadore Abrams - Son

ADDRESS

Same18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral Thrombosis**

DUE TO

Arteriosclerotic Cardio Vascular**1 day
10 1/2**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Heart failure**

DUE TO

1 yr.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1952** to **May 18, 1953** that I last saw the
deceased alive on **11-27**, 19**52**, and that death occurred at **11:27** p.m., from the causes and on the date stated above.

23A. SIGNATURE

Reuben M. Kolman MD

M. D.

23B. ADDRESS

3700 Park Heights

23C. DATE SIGNED

May 18 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-18-53

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**MAY 18 1953**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Britton Pl

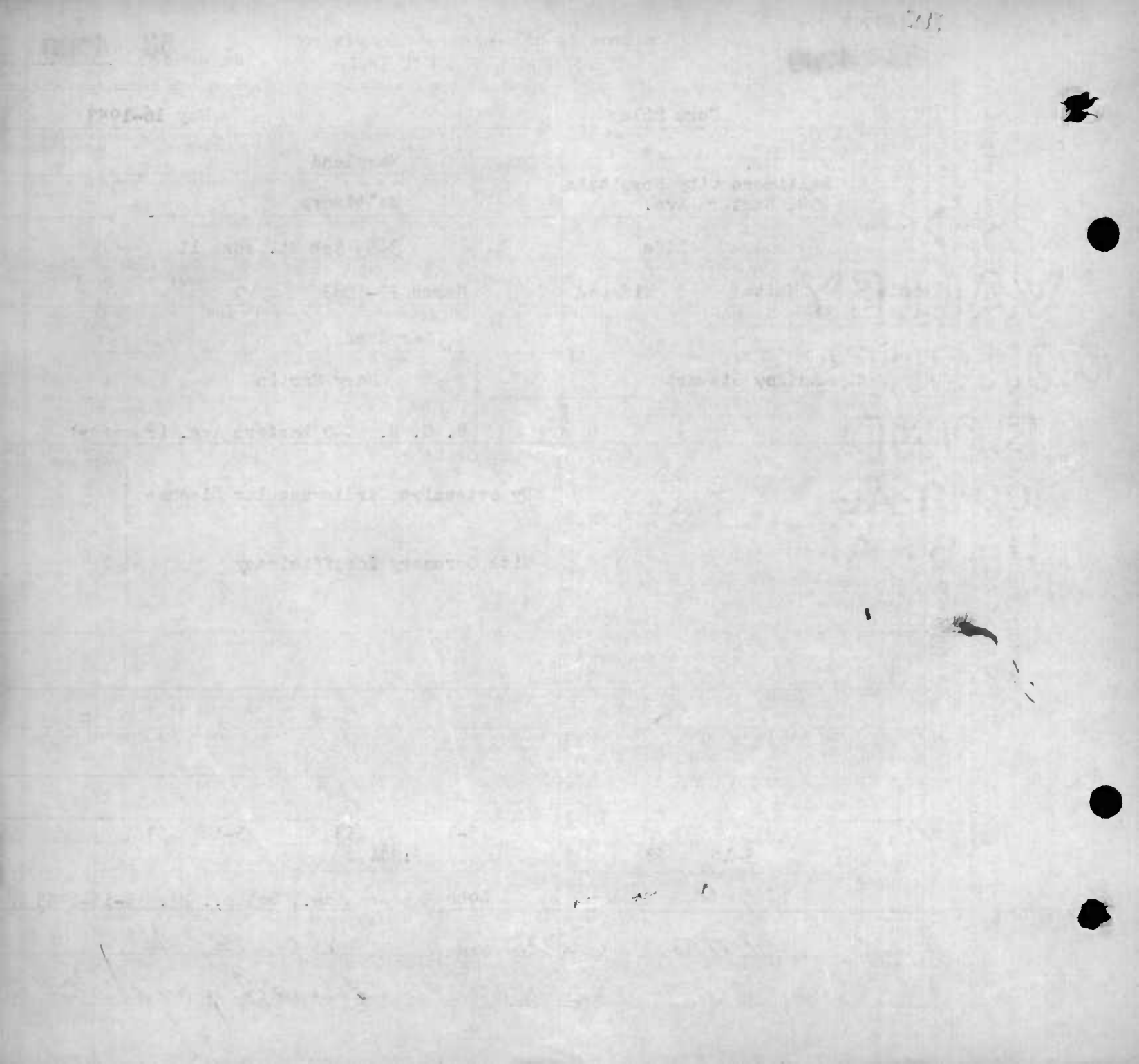
Kolman
3700 Park Hgts
Lv 2 9853

202029-830

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4700 53 4700 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4700	
1. NAME OF DECEASED (Type or Print) Cora Riley			2. DATE OF DEATH May 16-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 13-08 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3655 Ash St. zone 11		
c. Length of stay in Baltimore Life Yrs. Mos. Days			5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY			8. DATE OF BIRTH March 23-1883 9. AGE (In years last birthday) 70 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Andrew Stewart			14. MOTHER'S MAIDEN NAME Mary Martin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO. —		
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)			ADDRESS		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES With Coronary Insufficiency DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 5-1 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-1 , 19 53 , to 5-16 , 19 53 , that I last saw the deceased alive on 5-16 , 19 53 , and that death occurred at 5:30A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. L. L. L.</i>			23B. ADDRESS 4940 Eastern Ave., Balto., Md.		
23C. DATE SIGNED 5-16-1953			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE 5/19/53			24C. NAME OF CEMETERY OR CREMATORY Baltimore		
24D. LOCATION (City, town, or county) (State) E. North Ave.			25. FUNERAL DIRECTOR Paul E. Chenoweth		
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		
VS 150			ADDRESS 3655 Ash St. zone 11		



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4701

Registered No. _____

53 4701
BIRTH NO.

1. NAME OF DECEASED (Type or Print) **IDA BROWN** 2. DATE OF DEATH **5-17-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md** B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **4007 Fairview Ave** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-07

D. STREET ADDRESS (If rural, give location)
4007 Fairview Ave

c. Length of stay in Baltimore **60** Yrs. **60** Mos. **60** Days

5. SEX **Female** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **widow** 8. DATE OF BIRTH _____ 9. AGE (In years; last birth day) **76** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House wife** 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTH PLACE (State or foreign country) **Russia** 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME **Jessie** 14. MOTHER'S MAIDEN NAME **not known**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Jack Brown** ADDRESS **Paul**

18. **E 900.0** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) _____ DUE TO _____
ANTECEDENT CAUSES
(B) _____ DUE TO _____
(C) _____

INTERVAL BETWEEN ONSET AND DEATH **2 days**

CERTIFICATION APPROVED BY **Franklin Williams M.D.**
CHIEF OF DIST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **home-outside** 21C. WHERE DID INJURY OCCUR? **4007 Fairview Ave.**

21D. TIME (Month) (Day) (Year) (Hour) **Feb. 20, 1953** 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **Fell off the steps on to the pavement.**

22. I hereby certify that I attended the deceased from **6/1 1953** to **5/17 1953**, that I last saw the deceased alive on **5/11 1953**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Benjamin Willygo** 23B. ADDRESS **1030 W. St. St. 20** 23C. DATE SIGNED **5/18/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **5-18-53** 24C. NAME OF CEMETERY OR CREMATORY **Rosedale** 24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 18 1953** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Jack Lewis** ADDRESS **3100 Canton Rd**

VS 150 **N 820.0**

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

Ray Miller
2030 Wilkew Ave
Su 5-4306

3408 Lynchester Rd
Mo 4 4978

930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4702
Registered No. 53 4702

53 4702
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HURNITZ, ROSE

2. DATE
OF
DEATH

5/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

42 SINA HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (in years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Bessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nathaniel Kuff -

Same

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 5/11, 1953, to 5/18, 1953, that I last saw the deceased alive on 5/18, 1953, and that death occurred at 3:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Richard A. S. Sinder

M. D.

714 N. Broadway

5/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-19-53

Green Forest

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1953

Huntington Williams, M.D.

Jack Lewis

2100 Canton Pl

8073

RECEIVED

1958



53 4703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4703

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Grace Brown
Grace Brown2. DATE
OF
DEATH

May 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1311 Woodyear St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

D. STREET ADDRESS (If rural, give location)

1311 Woodyear St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

4/11/90

9. AGE (In years
to birthday)

63

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thos. Harrod

14. MOTHER'S MAIDEN NAME

Hattie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS
Mary Fatherly 1311 Woodyear St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-1952 to 5-15-1953 that I last saw the
deceased alive on 5-14-1953 and that death occurred at 5A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

1000

1000

1000

1000

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1000

1000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

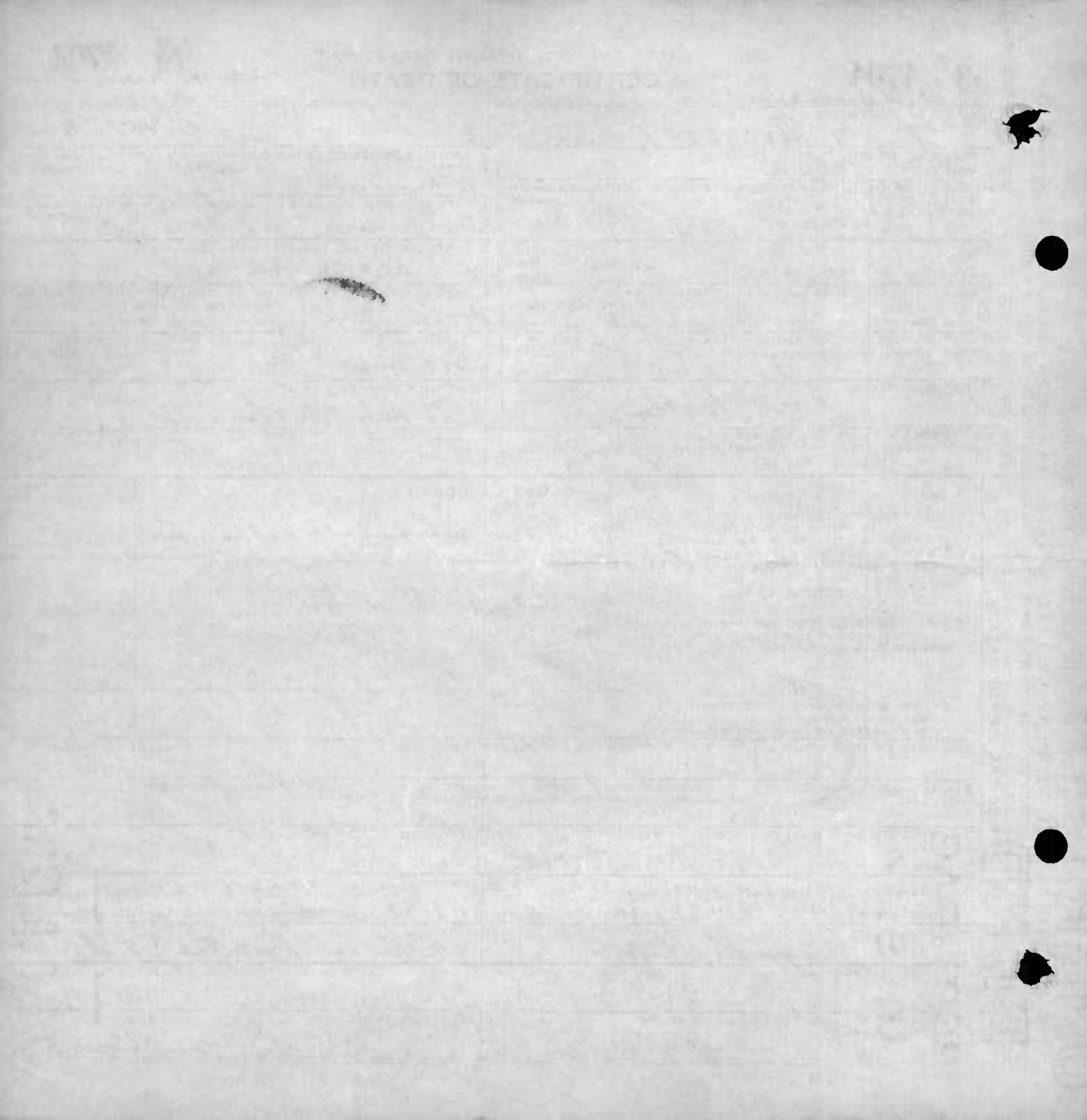
B-3416
53 4704
BIRTH NO. 52-26735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4704
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE Butler			2. DATE OF DEATH 5-15-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland					
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital					
C. Length of stay in Baltimore 6 mos.					
5. SEX Male		6. COLOR OR RACE ed		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Chief	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Nov. 6, 1952	
13. FATHER'S NAME Earl Butler		14. MOTHER'S MAIDEN NAME Anney Butler		9. AGE (In years last birthday) 6 mos.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
				12. CITIZEN OF WHAT COUNTRY? ✓	
				17. INFORMANT ADDRESS	

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Severe dehydration & malnutrition DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute diarrhea DUE TO								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 15, 1953 , to May 15, 1953 , that I last saw the deceased alive on May 15, 1953 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above.								
23A. SIGNATURE George R. Leyno			23B. ADDRESS Provident Hospital			23C. DATE SIGNED 5-15-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/18/53			24C. NAME OF CEMETERY OR CREMATORY mt auburn		
24D. LOCATION (City, town, or county) (State) md			24E. FUNERAL DIRECTOR Wm. H. Nelson			24F. ADDRESS 1303 Prustman st		
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.					



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4705**

BIRTH NO. **53 4705**

1. NAME OF DECEASED
(Type or Print)

Murray Thompson

2. DATE
OF
DEATH

5/15--53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1200 Longwood St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

16-07

D. STREET ADDRESS (If rural, give location)

1200 Longwood St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 28, 1864

9. AGE (in years last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clergman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Eastville Vir.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Thompson

14. MOTHER'S MAIDEN NAME

Louise Erwin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louise Erwin Longwood St.

18. *592X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chor. Nephritis
Uremia

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5/15-1953* to *5/15-1953*, that I last saw the deceased alive on *5/14*, 1953, and that death occurred at *8:30 PM*, from the causes and on the date stated above.

23A. SIGNATURE

B. R. Williams

23B. ADDRESS

2139 E. 1st St.

23C. DATE SIGNED

5/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/20/1953

24C. NAME OF CEMETERY OR CREMATORY

Wt Zion Cemetery

24D. LOCATION (City, town, or county)

Lansdowne Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Baro Katie R. Williams

ADDRESS

322 N. Schenck St.

TO THE SECRETARY OF THE ARMY

FROM THE SECRETARY OF THE ARMY

SUBJECT: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4706
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Thomas

2. DATE
OF
DEATH

May 18, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

231 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 18-02

D. STREET ADDRESS (If rural, give location)

231 N. Carey St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female Col.

Single

May 12, 1883

70

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Domestic

Essex Co. Va

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John Thomas

Martha

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Nora L. Bawner

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C) DUE TO

Hypertensive Heart Disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diverticulosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1953 to May 13, 1953 that I last saw the
deceased alive on May 13, 1953 and that death occurred at 3 1/2 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Arthur M. West

M. D.

1902 Edgewood Lane

May 15, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 18, 1953

Huntington Williams

Mrs. Kate R. Williams

322 N. Schvede St.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1968

08

1968



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4707**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REV. ROBERT JOHN FROEHLICH

2. DATE
OF
DEATH

5/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

36 Franklin Sq. Hosp

C. CITY OR TOWN

(If outside corporate limits, write full name, and give township)

BALTO

26-01

c. Length of stay in Baltimore

13

D. STREET ADDRESS (If rural, give location)

4414 FRANKFORD AVE

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12/22/1880

9. AGE (In years last birthday)

72

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CATH. PRIEST

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter

FROEHLICH

14. MOTHER'S MAIDEN NAME

MARQUERITE ZANG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 503

Mr. Robert Froehlich - Allendale

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Peripheral Thrombosis, Secondary

DUE TO

(C) Expl. Laparotomy

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Intestinal Obstruction; Canceroma Sigmoid

19A. DATE OF OPERATION

5/10/53

19B. MAJOR FINDINGS OF OPERATION

LARGE BOWEL OBSTRUCTION - Canceroma Sigmoid

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 5/9 1953 to 5/15 1953, that I last saw the deceased alive on 5/15 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Sander

23B. ADDRESS

Franklin Sq. Hosp

23C. DATE SIGNED

5/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard S. Ruck

ADDRESS

5305 Harford Road.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

REV. ROBERT ROSS

1

W-236
53 4708BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4708
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John A. Wachter

2. DATE
OF
DEATH May 15, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
BaltimoreD. STREET ADDRESS (If rural, give location)
804 Fairway Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 5, 1913

9. AGE (In years;
last birthday)

39

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pres. Plumbing Heating Supply House

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Wachter

(W)

14. MOTHER'S MAIDEN NAME

Christian Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ruth Doris Wachter, 804 Fairway Drive

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

acute coronary occlusion 1 day

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to May 15, 1953, that I last saw the
deceased alive on May 15, 1953, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George Sawyer

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

5/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemtery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road #14

MAY 18 1953

VS 150

29064

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

6-2-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4709

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTY ANDERSON

2. DATE

OF DEATH

MAY 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

910 WARNER STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

910 WARNER STREET

c. Length of stay in Baltimore

20 YRS.

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COL.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

NOV. 29, 1906

9. AGE (In years

last birthday)

50 3/4

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during last 12 months, if retired)

DOMEST DTC

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

SOUTH CAROLINA

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SANDY ANDERSON

14. MOTHER'S MAIDEN NAME

POLY LUKE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

SARAH DAVIS 910 WARNER STREET

ADDRESS

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 10, 1953, to May 14, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred 6:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. Shorofsky M.D. M.D.

23B. ADDRESS

601 N. Monroe St

23C. DATE SIGNED

5/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/18/53

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVERY

24D. LOCATION (City, town, or county)

BROOKLYN, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CHARLES A. RICE 661 W. BARRE STREET



The 53
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4710 Registered No.
1. NAME OF DECEASED (Type or Print) DE CARLO, GEMMA			2. DATE OF DEATH 5-17-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 UNIVERSITY Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6-02	
C. Length of stay in Baltimore 50 Yrs. Mo Days			D. STREET ADDRESS (If rural, give location) 151 N. LUZERNE AVE	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 11 1899	9. AGE (In years last birthday) 53 H Under 1 Year 6 Months 6 Days 6 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Larino-Campobass-Italy			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Giorgio Ricci			14. MOTHER'S MAIDEN NAME Anna Ciaffeo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	
17. INFORMANT Gaetano De Carlo			ADDRESS 151 N. Luzerne Ave	
18. 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive heart failure DUE TO see 19 ANTECEDENT CAUSES Intercranial tumor DUE TO see 19 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH See 19	
19A. DATE OF OPERATION 5-16-53			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Brain tumor	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-3 , 19 53 , to 5-17 , 19 53 , that I last saw the deceased alive on 5-17 , 19 53 and that death occurred at 5:15 P m., from the causes and on the date stated above.				
23A. SIGNATURE D. Felipe Gomalez M. D.			23B. ADDRESS University Hospital	
23C. DATE SIGNED 5-17-53				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE May 20 1953	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery			24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Frank Della Noce			ADDRESS 322 S. High St.	

6/26/53 ES

Query reply---" No autopsy granted.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4711

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

6. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 8, 1953, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-425
53 4712BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4712

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mervin Slacum</i>		2. DATE OF DEATH <i>May 16, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Halested Bldg 7</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22</i>			
c. Length of stay in Baltimore <i>415</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>7324 School Lane</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>7-11-26</i>	9. AGE (In years last birthday) <i>26</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Parts MAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>AUTO PLANT</i>		11. BIRTHPLACE (State or foreign country) <i>BALTIMORE Md</i>	
13. FATHER'S NAME <i>GEORGE D SLACUM</i>		14. MOTHER'S MAIDEN NAME <i>Roberta Thomas</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>193x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Brain Neoplasm</i> <i>Glioma of Brain Stem</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
		(C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <i>5 May 1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Brain Neoplasm</i>		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>5-1-</i> , 19 <i>53</i> to <i>5-16-</i> , 19 <i>53</i> that I last saw the deceased alive on <i>5-16-</i> , 19 <i>53</i> and that death occurred at <i>10:53 a.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>George H. Smith</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>16 May 1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>5/19/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>GREEN HAVEN</i>
24D. LOCATION (City, town, or county) (State) <i>CAMBRIDGE, Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D. 2503 Edmondson</i>		

MARGIN RESERVED FOR BINDING

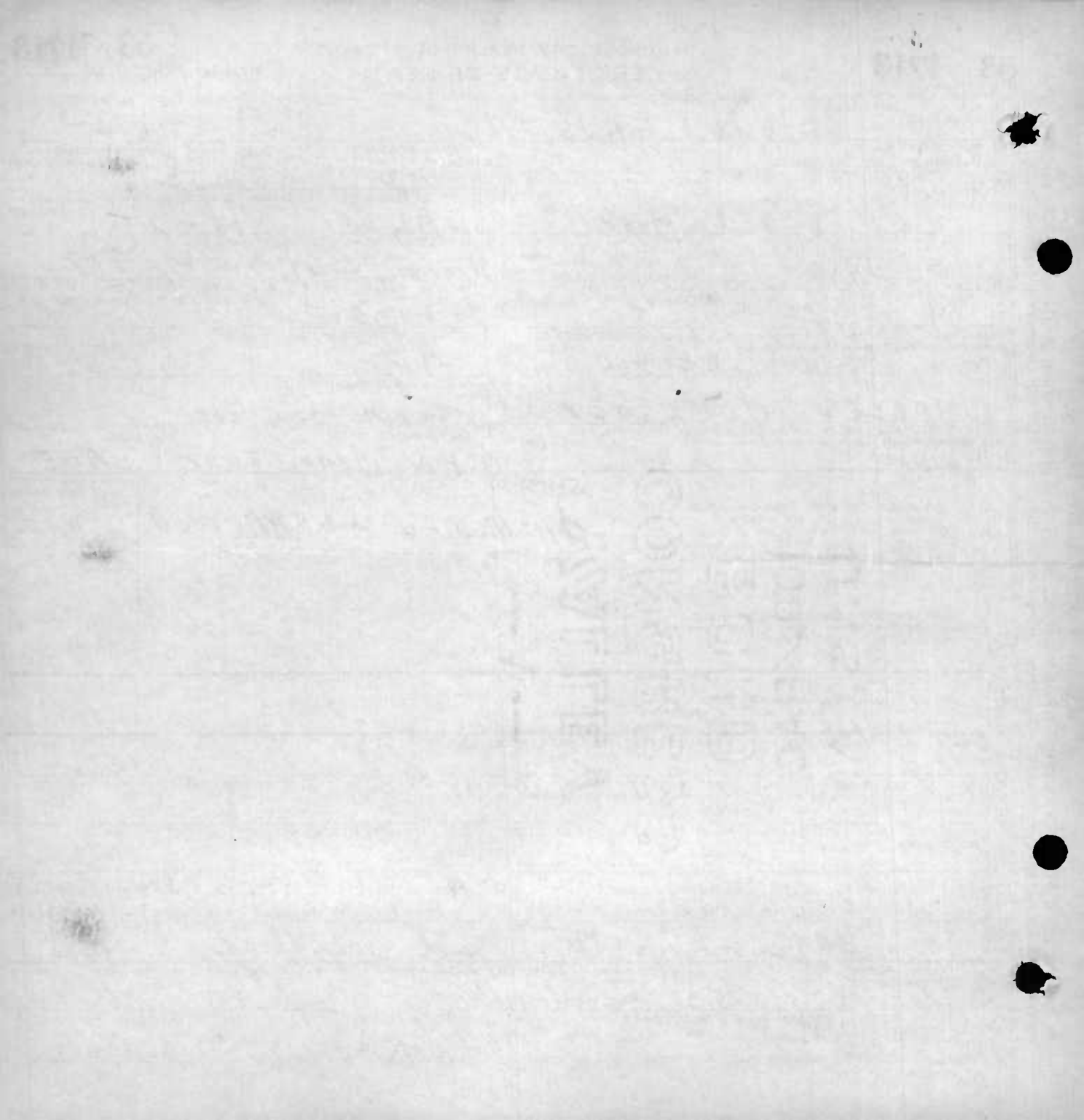
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

J-523
53 4713

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4713
Registered No.

BIRTH NO.				1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
				JOHN T. JOHNSTON				5-16-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE				B. COUNTY			
MD. GEN. Hosp.				MD.				BALTO.			
C. Length of stay in Baltimore				C. CITY OR TOWN				D. STREET ADDRESS (If rural, give location)			
52				BALTO.				1215 EUTAW PL #17			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. Under 1 Year	
M		W		S		3-21-01		52		Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)			
WELDING SUPERVISOR				WELDING				MD.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				12. CITIZEN OF WHAT COUNTRY?			
CHARLES JOHNSTON				DELLA CALLIS				U.S.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS			
UNKNOWN								JOHN JOHNSTON SAME			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
(A) MYOCARDIAL INFARCTION				2 WKS.							
ANTECEDENT CAUSES				(B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO							
(C)											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-4, 1953, to 5-16, 1953 that I last saw the deceased alive on 5-16, 1953, and that death occurred at 2 A.m., from the causes and on the date stated above.											
23A. SIGNATURE				23B. ADDRESS				23C. DATE SIGNED			
H. G. Duckworth				Md. Gen. Hosp.				5-16-53			
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE				24C. NAME OF CEMETERY OR CREMATORY			
Burial				5/19/53				London Park			
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR ADDRESS			
MAY 18 1953				Huntington Williams, M.D.				Bok Inc. 1217 St. Paul St.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

W-560
53 4714

CERTIFICATE CORRECTED 8/21/53
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4714

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Weimer

2. DATE
OF
DEATH

5/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION U.S.P.H.S. HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Wyman Park Dr. & 31st. St., Balto. 11, Md.

Balto., Md.

D. STREET ADDRESS (If rural, give location)

1500 Eutaw Place

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

1/26/98

9. AGE (In years
last birthday)

65

If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Shipping

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Joseph Weimer

14. MOTHER'S MAIDEN NAME

Catherine Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Van Der Staay, 1500 Eutaw Place

18. 204.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Exsanguination Hemorrhage of unknown
durationINTERVAL BETWEEN
ONSET AND DEATH

unk.

(A) DUE TO

Ulcerative Colitis

(B) DUE TO

Leukemia, lymphatic, chronic.

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16/1953, to 5/16/53, 1953, that I last saw the
deceased alive on 5/16/1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

L. E. Duncanson

23B. ADDRESS

M. D.

U.S.P.H.S. Hospital, Balto., Md.

23C. DATE SIGNED

5/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/19/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Wm. Cook, Jr. 1217 St. Paul Street

25. FUNERAL DIRECTOR ADDRESS

See directive in Document File

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

C-616

53 4715

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 4715

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas James Cropper Sr.

2. DATE
OF
DEATH

May 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If in institution: residence
before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1403 N. Rose St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 8-03

D. STREET ADDRESS (If rural, give location)

1403 N. Rose St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 21st 18779. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

City of Balto.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas James Cropper

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-16-6979

17. INFORMANT

ADDRESS

Edith Nyland 1403 N. Rose St.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardiovascular Disease

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 1947, to 15 May, 1953, that I last saw the
deceased alive on 15 May, 1947, and that death occurred at 74 m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

1513 N. Mt. Pleasant Ave

23C. DATE SIGNED

16 May 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/53

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

BOK Inc. 1217 St. Paul St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4716

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)JOHN LeROY GARDNER2. DATE
OF
DEATHMay 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)A. STATE
MarylandB. COUNTY
BaltimoreB. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or
location)St. Joseph's HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore - 21

D. STREET ADDRESS (If rural, give location)

Box 162, Route # 13

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Sept. 13, 18769. AGE (In years
last birthday)76If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Farming10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Gardner

14. MOTHER'S MAIDEN NAME

Martha Bloodsworth15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John W. L. Gardner, 2428 E. Fayette Street18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Generalized arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1953 to May 18, 1953 that I last saw the
deceased alive on May 18, 1953, and that death occurred at 3:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles G. P.

23B. ADDRESS

M. D.

1400 N. Caroline Street - 13

23C. DATE SIGNED

May 18, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)burial

24B. DATE

5/21/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

(State)

MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.,1217 St. Paul Street

CERTIFICATE OF DEATH

NAME OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4717**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JANE LORETTA PHELPS**2. DATE
OF
DEATH**May 16 - 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE B. COUNTY before admission)**md.****Balto.**5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**317 S. Elrino St.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Essex**

D. STREET ADDRESS (If rural, give location)

110 MacC Ave.**5354**

c. Length of stay in Baltimore

7 yearsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

Aug. 23 - 18869. AGE (In years
last birthday)**66**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**Home**

11. BIRTHPLACE (State or foreign country)

Balto.12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Richard Hyde

14. MOTHER'S MAIDEN NAME

Anna Gorman15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Thm. E. Phelps.

ADDRESS

Above18. **260X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary ThrombosisINTERVAL BETWEEN
ONSET AND DEATH**10 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Lobar Pneumonia**13 days**

(B)

Diabetes Mellitus**1.5 years**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Hypertension****10 years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 19**, 19**30**, to **May 16**, 19**53**, that I last saw the
deceased alive on **May 16**, 19**53**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

Monis A. Jacob

23B. ADDRESS

1010 North St Road

23C. DATE SIGNED

5/18/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

May 19 - 53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Eastern Ave. Balto. MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John S. Connelley Essex

VS 150

Mr. Jacob

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of birth

5. Place of birth

6. Date of death

7. Time of death

8. Cause of death

9. Place of death

10. Signature of physician

11. Signature of registrar

12. Signature of witness

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

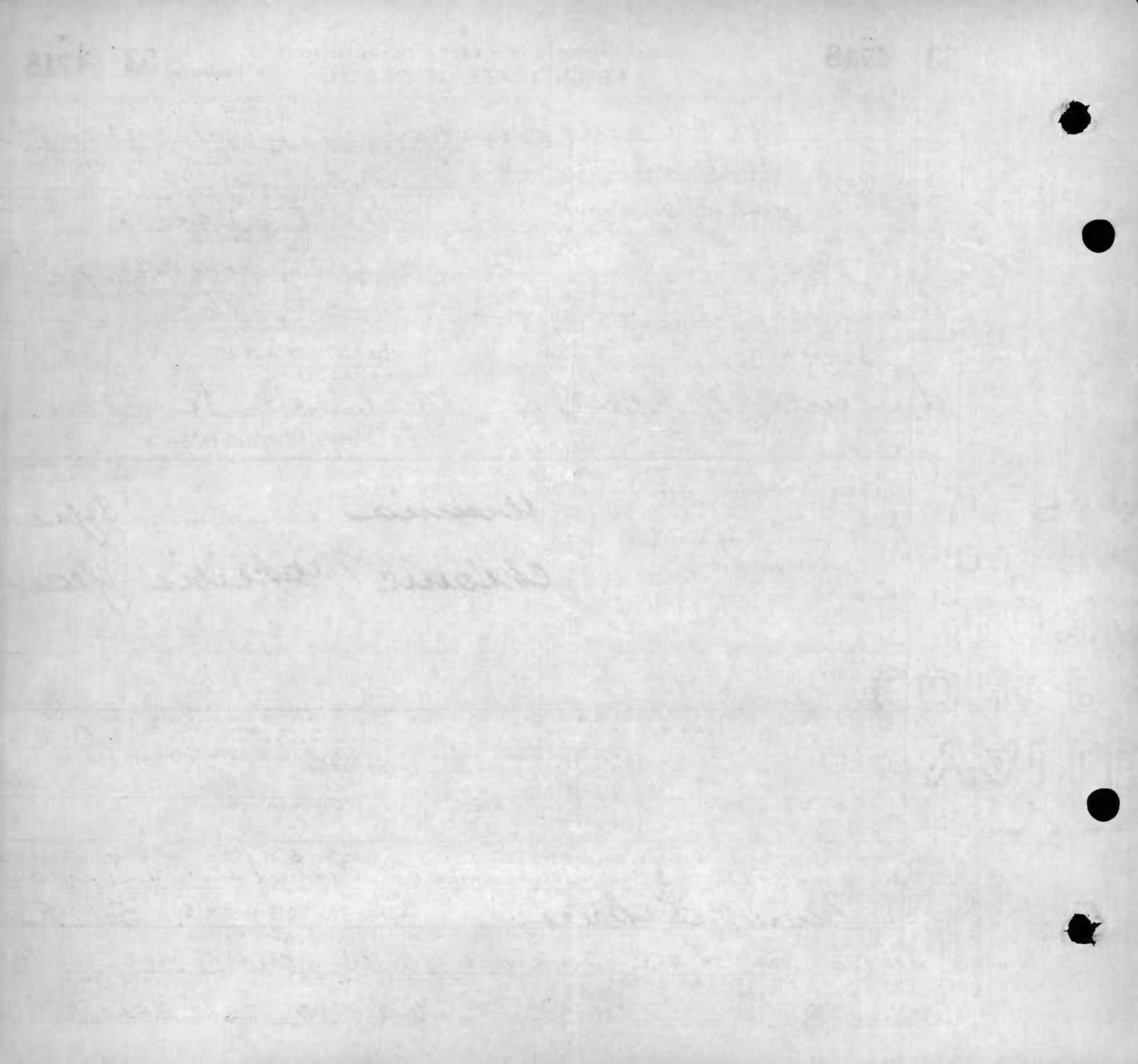
MARGIN RESERVED FOR BINDING

M-240
53 4718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4718

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Robert A. Mackley</i>		2. DATE OF DEATH <i>May 15, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Bldg 6</i>		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>LIFE</i>		D. STREET ADDRESS (If rural, give location) <i>4121 Kinsway St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4-11-37</i>	9. AGE (In years last birthday) <i>16</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SCHOOL</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>BALTIMORE</i>	
13. FATHER'S NAME <i>Palmer Mackley</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>19045</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>592x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		CAUSE OF DEATH (A) <i>Uremia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Chronic Nephritis</i> DUE TO		(C)		<i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-7-</i> , 19 <i>53</i> to <i>5-15-</i> , 19 <i>53</i> that I last saw the deceased alive on <i>5-15-</i> , 19 <i>53</i> and that death occurred at <i>2:00 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>David G. Baker</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5-15-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>MAY 19 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>PARK WOOD CEMETERY</i>	
24D. LOCATION (City, town, or county) (State) <i>TAYLOR AVE MD</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 18 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>W. J. Duffel</i>		24H. ADDRESS <i>2110 BELAIR RD</i>		24I. VS 150	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4719**

 BIRTH NO. **53 4719**

1. NAME OF DECEASED (Type or Print) <i>George William Atkinson</i>			2. DATE OF DEATH <i>May-17-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Melrose Ctr</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Long Green Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>6 Repland Road - 00</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug-16-1872</i>	9. AGE (in years last birthday) <i>80</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Coal</i>		
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Wm. G. Atkinson</i>			14. MOTHER'S MAIDEN NAME <i>Katie H. Logel</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>215-01-0261</i>		
17. INFORMANT <i>Wm. F. S. Atkinson - Roland Rd Bk 6</i>			ADDRESS <i>Baltimore</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.1 and 260X</i>			CAUSE OF DEATH <i>Coronary occlusion</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) <i>Arteriosclerosis</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) <i>Diabetes Mellitus</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>19 38</i> , 19 <i>38</i> , to <i>May</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>17 May 19 53</i> , and that death occurred at <i>11 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William G. Helfrich, D.</i>			23B. ADDRESS <i>5006 Roland Ave. Balto</i>		23C. DATE SIGNED <i>5-18-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>May-20-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i> Druid Ridge</i>	
24D. LOCATION (City, town, or county) <i>Pikesville</i>		24E. FUNERAL DIRECTOR <i>Huntington-Walton, Inc.</i>		24F. ADDRESS <i>2100 Newmarket Moore Co. Balto.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 18 1953</i>					

STATEMENT OF DEATH

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STATEMENT OF DEATH

STATEMENT OF DEATH

STATEMENT OF DEATH

STATEMENT OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4720**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMANDA KELL

2. DATE OF DEATH
May 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

313 East 23d Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

313 East 23d St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 9, 1884

9. AGE (in years last birthday)

69

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Turner

14. MOTHER'S MAIDEN NAME

Emily Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Hall 313 E 23d St

1B. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

5 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April**, 19**52**, to **May 15**, 19**53**, that I last saw the deceased alive on **May 12**, 19**53**, and that death occurred at **5:30 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

William F. Pearce

23B. ADDRESS

2105 N Charles St

23C. DATE SIGNED

May 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-19-53

24C. NAME OF CEMETERY OR CREMATORY

Fairview Cem

24D. LOCATION (City, town, or county) (State)

Harford Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Funtington Williams, M.D.

25. FUNERAL DIRECTOR

Frances A. Hemmley, Bidle

ADDRESS

578 W

1974-1975

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 L-300 4721		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4721 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) NELLIE R. LETTOW			2. DATE OF DEATH 3/16/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Md. B. COUNTY 14-01		
B. FULL NAME OF (not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE St. Joseph's Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1714 John St.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 5, ?	9. AGE (In years last birthday) about 79	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agt.(rtd)			10B. KIND OF BUSINESS OR INDUSTRY Balto. City		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Marshall C. Dunn			14. MOTHER'S MAIDEN NAME Margaret E. VanDaniker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mr. William O. Dunn-743 Northern Pkwy.	
18. E 900.5 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Cranio cerebral Injury DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 322 NORTH AVE 13/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-15-53 8:30		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell down steps	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/20/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Billeville, Md.		25. FUNERAL DIRECTOR Wm. J. Glickner & Sons Balto 17, Md			
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 151 N 856.2					

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 4722				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4722					
1. NAME OF DECEASED (Type or Print) LUCILLE ELIZ. HARVEY				2. DATE OF DEATH 5/16/53									
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY									
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore Gen'l. Hosp.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore									
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2010 E. Lombard St.									
5. SEX female		6. COLOR OR RACE white		7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 28, 1903		9. AGE (In years last birthday) 49		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker				10B. KIND OF BUSINESS OR INDUSTRY at home				11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Klos				14. MOTHER'S MAIDEN NAME Veronica Novak									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.				17. INFORMANT Mr. Wm. W. Harvey - 2010 E. Lombard St.				ADDRESS	
18. E903.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cranio cerebral Injury				CAUSE OF DEATH (A) Cranio cerebral Injury DUE TO				INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.													
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Boyle Street and Ford Avenue				24/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/16/53 1:50 A.M.				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21F. HOW DID INJURY OCCUR? Apparently fell to street					
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .													
23A. SIGNATURE R. F. Fisher M.D.				23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>				23C. DATE SIGNED 5/17/53					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/19/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.							
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.				25. FUNERAL DIRECTOR Edm. J. Tielener & Sons				ADDRESS Balto 17, Md.			
VS 151				N856.2									

Handwritten notes at the bottom left of the page, including the date "11/11/11" and the name "John J. Smith".

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-432
53 4723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4723
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) MIRIAM R. GOLDSMITH			2. DATE OF DEATH May 17, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3505 Bancroft Rd.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3505 Bancroft Rd.		5. Yrs. Mos. Days	
c. Length of stay in Baltimore		6. DATE OF BIRTH Sept. 14, 1896	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Leopole Ries		14. MOTHER'S MAIDEN NAME Jennie Atkinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mr. Morton M. Goldsmith-3505 Bancroft Rd.
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardiac Failure DUE TO Diabetic gangrene (B) Diabetes DUE TO Arterio Sclerosis (C) Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH few months years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. , 19 52 , to May 17 , 19 53 , that I last saw the deceased alive on 5-17 , 19 53 , and that death occurred at 4 PM , from the causes and on the date stated above.			
23A. SIGNATURE Dr. Bernard J. Cole		23B. ADDRESS Marelorock	23C. DATE SIGNED 5-18-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/19/53	24C. NAME OF CEMETERY OR CREMATORY Oheb Shalom Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichener & Sons Balto. 17, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 236
53 4724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4724

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MOLLIE FOSTER		2. DATE OF DEATH May 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1713 Braddish Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1713 Braddish Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 31, 1874	9. AGE (in years last birthday) 78	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Robert Moore		14. MOTHER'S MAIDEN NAME Virginia Wardell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Arthur Foster-1713 Braddish Ave.	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Neuvrage DUE TO (B) Chr. Myocarditis DUE TO (C) Diabetes mellitus INTERVAL BETWEEN ONSET AND DEATH 5-14-53 1950 1950					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 5, 1953 to May 16, 1953 that I last saw the deceased alive on May 16, 1953 and that death occurred at 7:12 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul Brown		23B. ADDRESS 3602 Liberty 14964		23C. DATE SIGNED 5-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/19/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Chas. J. Tiekner & Sons Balto. Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4725**BIRTH NO. **53 4725** **53-10672**

1. NAME OF DECEASED (Type or Print) Infant of Sadie Booth		2. DATE OF DEATH May 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Infant		D. STREET ADDRESS (If rural, give location) 1205 East Monument Street - 2	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH May 5, 1953
9. AGE (in years, last birthday)		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Jackson		14. MOTHER'S MAIDEN NAME Sadie Booth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Records		ADDRESS	

18. 753.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH ✓ (A) Congenital malformation, (Microcephaly; nuchal ataxia. DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 5, 1953 , to May 6, 1953 that I last saw the deceased alive on May 6, 1953 and that death occurred at 4.00 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE <i>W. B. Lee</i>		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 5/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Forest Home	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR	ADDRESS

1850 18

RECEIVED
FARMER'S MARKET

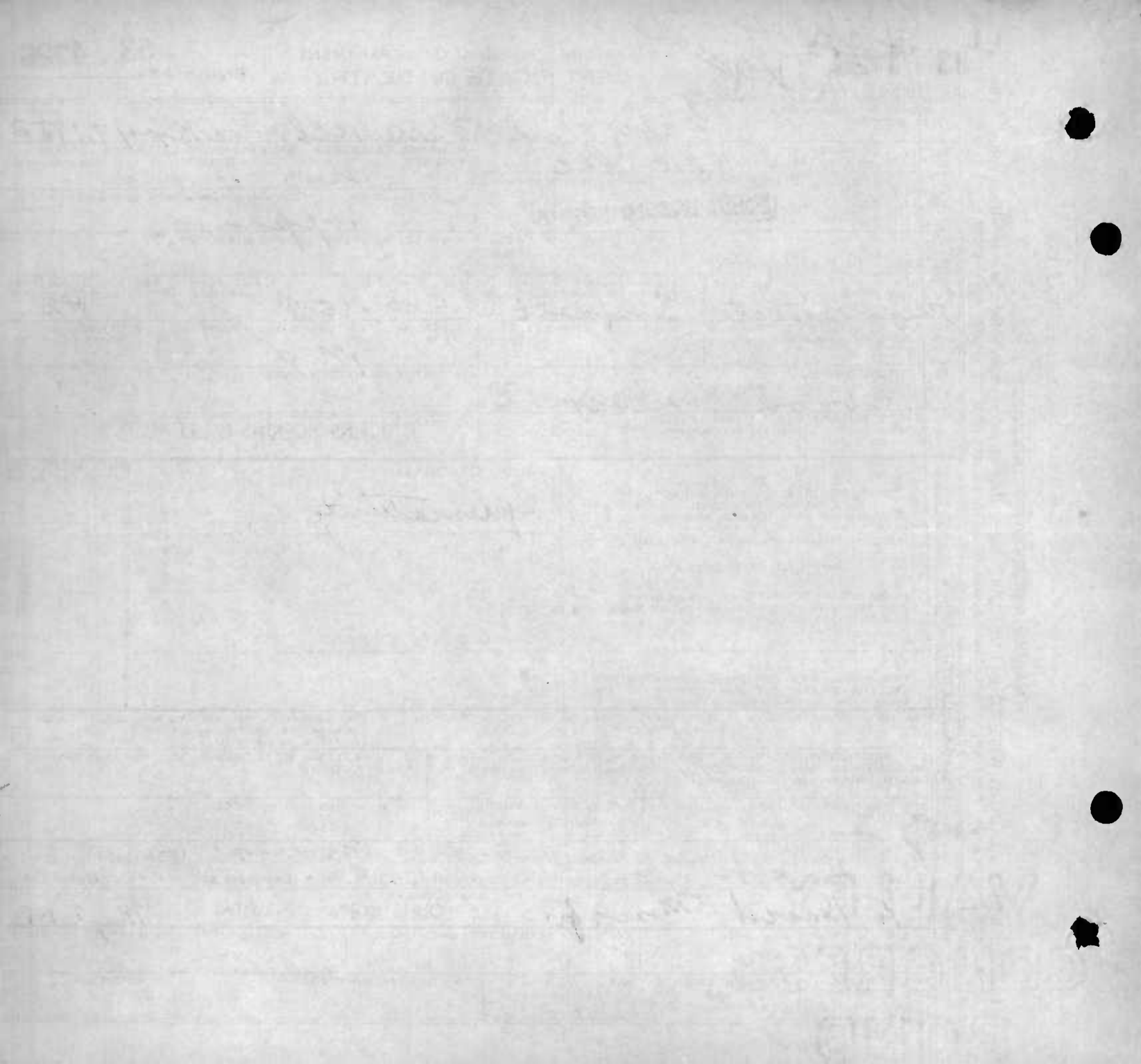
1850 18

[Faint, mostly illegible text and markings covering the page, including faint lines and bleed-through from the reverse side.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

- 4/24 Hospital 53 4728 <i>no Disposal</i>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4726 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Baby Girl Creswell		May 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
B. Full name of (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
JOHNS HOPKINS HOSPITAL		Joppa		6200	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White		Infant	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
				5-5-1953	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)		9. AGE (In years last birthday)	
Edwood Creswell		Md.		42	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
				?	
18. 776X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) prematurity			
DUE TO		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-5-1953 to 5-7-1953, that I last saw the deceased alive on 5-7-1953 and that death occurred at 1:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
A. David Mosier, Jr. M. D.		JOHNS HOPKINS HOSPITAL		May 7 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				Hartford	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
MAY 18 1953		Huntington Williams, M.D.			
VS 150				ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

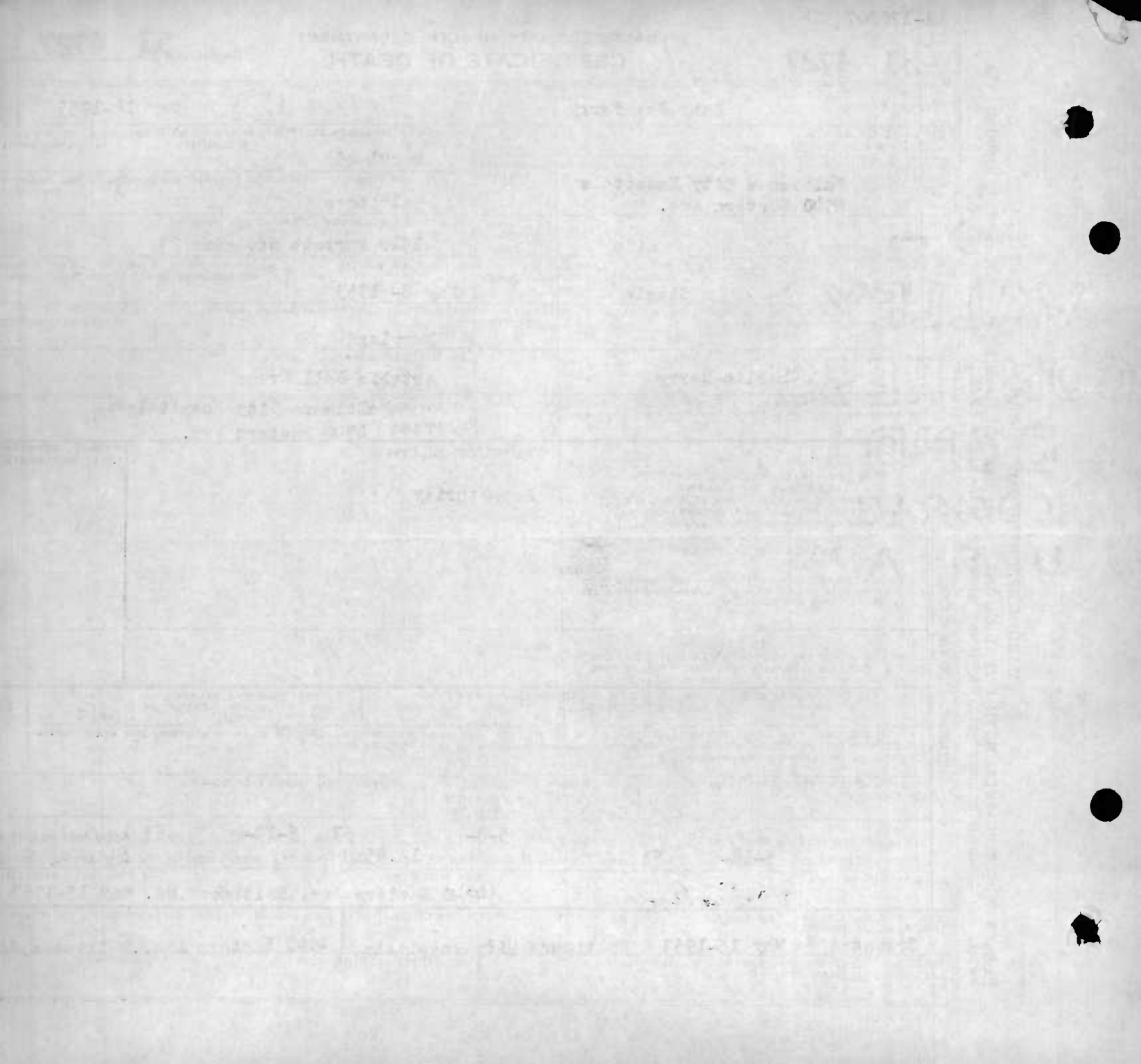
AB-17020700

B-53 4727 10383
BIRTH NO. 85-10383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4727

1. NAME OF DECEASED (Type or Print) Baby Boy Berry		2. DATE OF DEATH May 14-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1500 Parrott St. zone 24	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 8-1953
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		9. AGE (In years last birthday) 6 If Under 1 Year Months: Days: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charlie Berry		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Archie Bell Evans		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMED BY Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-14-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-8 , 19 53 to 5-14 , 19 53 , that I last saw the deceased alive on 5-14 , 19 53 , and that death occurred at 12.45AM , from the causes and on the date stated above.			
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED May 15-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE May 15-1953	
24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR ADDRESS			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-625 FJ 170165 53 4728		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4728 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) William Junior Person		2. DATE OF DEATH 5-8-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 22, 1953	
9. AGE (In years last birthday) 6 wks.		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William Person		14. MOTHER'S MAIDEN NAME Elaine Mayo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)	
18. 754.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Congenital Heart Disease, Interventricular Septal Defect Patent Ductus Arteriosus.		INTERVAL BETWEEN ONSET AND DEATH		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		21. DATE OF OPERATION		22. CONDITION FOR WHICH OPERATION WAS PERFORMED	
23. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		24. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		27. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		28. TIME (Month) (Day) (Year) (Hour) OF INJURY	
29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?		31. I hereby certify that I attended the deceased from 5 - 7 - 1953 to 5 - 8 - 1953, that I last saw the deceased alive on 5 - 8 - 1953, and that death occurred at 6:00 P.m., from the causes and on the date stated above.	
32. SIGNATURE <i>H. J. Person</i>		33. ADDRESS 4940 Eastern Avenue		34. DATE SIGNED 5-8-1953	
35. BURIAL, CREMATION, REMOVAL (Specify) Cremated		36. DATE 5-11-53 @ 6 pm		37. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
38. LOCATION (City, town, or county) (State) 4940 Eastern Ave.		39. DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1953		40. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
41. FUNERAL DIRECTOR ADDRESS		42. VS 150		43. 7 2 6	

~~NOT SENT TO LOCAL REGISTER NO. 1111~~

BUREAU V. S.

MAY 14 1953

RECEIVED

MAY 13 1953

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

53 4729

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY BALTIMORE		MARYLAND		STATE MARYLAND		COUNTY WASH.	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE		LENGTH OF STAY (in this place) 21 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SHARPSBURG			
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTEBELLO HOSPITAL				STREET ADDRESS (If rural give location) 7100			
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) HELEN - MUMMA				4. DATE OF DEATH: (Month) (Day) (Year) MAY 18 1953			
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE	8. DATE OF BIRTH: NOV. 5, 1873	9. AGE last birthday: 79 yrs. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 24 HRS. Months 6 Days 13 Hours Min. 			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -		10b. KIND OF BUSINESS OR INDUSTRY: -		11. BIRTHPLACE (State or foreign country): SHARPSBURG		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: SAMUEL MUMMA.				14. MOTHER'S MAIDEN NAME: FRANCES F. RICKARD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) -		16. SOCIAL SECURITY No.: -		17. INFORMANT & ADDRESS: HOSPITAL RECORD			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			Interval Between Onset And Death	
332X Immediate cause (a) CEREBRO-VASCULAR THROMBOSIS WITH ENCEPHALOMALACIA. Antecedent causes (s) (b) HYPERTENSION AND GENERALIZED ARTERIO-SCLEROSIS. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) LEFT HEMIPLEGIA.			10 days. many yrs. many yrs.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EMACIATION.				
19a. DATE OF OPERATION: 0			19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **OCT. 1952**, to **MAY 18, 1953**, that I last saw the deceased alive on **MAY 18, 1953**, and that death occurred at **2:40 PM.** from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Paul Rist M.D.**MONTEBELLO HOSPITAL, BALTO. Md. MAY 18, 1953**

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MAY 24, 1953	MT. VIEW CEMETERY	SHARPSBURG	MD.
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
MAY 18 1953	Huntington Williams, M.D.	ALBERT L. LEAF, WILLIAMSPORT, MD.		

53 4730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4730
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julius W. Schweinsberg

2. DATE
OF
DEATH

May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2143 W. BALTIMORE ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

20-04

D. STREET ADDRESS (If rural, give location)

2143 W. BALTIMORE ST.

c. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DECEMBER 2, 1902

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gas Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

GAS. & ELEC. CO.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

PETER Schweinsberg

14. MOTHER'S MAIDEN NAME

HENRIETTA Winstroth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

212-05-4282

17. INFORMANT

ADDRESS

HILDA Schweinsberg 2143 W. BALTO. ST.

18. 162X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of Lung

DUE TO

Bronchogenic

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

10 mo

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953, to May 18, 1953, that I last saw the
deceased alive on May 16, 1953 and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles A. Cahm

M. D.

23B. ADDRESS

2145 W. Baltimore St

23C. DATE SIGNED

5/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

May 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

WESTERN

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George L. Schwab 2101 Frederick Ave.

VS 150

533 SE

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correctness is especially important. Physicians: please write the causes of death clearly and legibly.

53 4731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4731
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOBSON, Riva (REBECCA)

2. DATE
OF
DEATH

5-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

42 Sinai Hospital

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

Levin Dale

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Milton Jacobson - 4837 West Rd

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atherosclerotic Cardiovascular

DUE TO

Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Enlarged gall bladder? stone

INTERVAL BETWEEN
ONSET AND DEATH

20 years

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1953, to 5/18, 1953, that I last saw the
deceased alive on 5/18, 1953 and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius E. Puer

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

5/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 19 1953

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

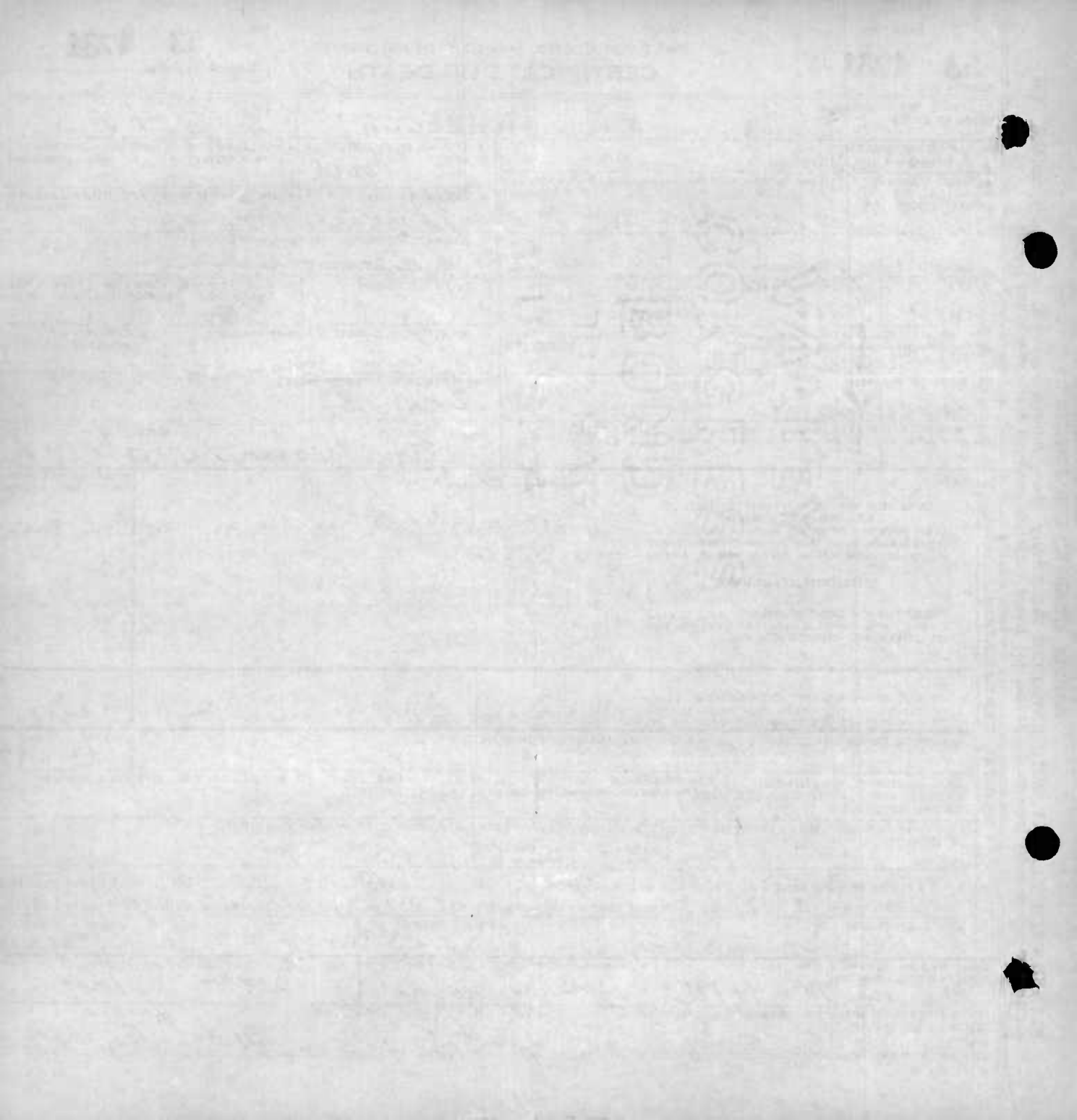
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lewis Em - 2100 Eutaw Pl



53 4732

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4732
Registered No.

1. NAME OF DECEASED (Type or Print) Elizabeth (Elfza) Brown			2. DATE OF DEATH May 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 606 W. Mulberry St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 606 W. Mulberry St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1903	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Ross			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Ambrose Brown 606 W. Mulberry		

18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH May 10, 53
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 10 , 19 53 to May 18 , 19 53 , that I last saw the deceased alive on May 17, 1953 , and that death occurred at 13:15 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Elb Stewart		23B. ADDRESS 632 W. Lombard St		23C. DATE SIGNED May 19	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-23-53		24C. NAME OF CEMETERY OR CREMATORY Shelby, North Carolina	
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 5784 W. Most... St. Hensley Biddle St.	

5074-28

5074-28

RECEIVED (1911) 1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The corrected form is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4733**

53 4733
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM FREDERICK KUNKEL, SR.			2. DATE OF DEATH May 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 2739 W. Fairmount Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2739 W. Fairmount Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 6, 1874	9. AGE (in years last birthday) 78	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Printer			10B. KIND OF BUSINESS OR INDUSTRY W.P.T. Lithograph Baltimore		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Henry Kunkel			14. MOTHER'S MAIDEN NAME Margaret		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-09-9749		
17. INFORMANT Henry C. Kunkel			ADDRESS 2739 W. Fairmount		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO Anteriodentis, paralytic DUE TO 6 years					INTERVAL BETWEEN ONSET AND DEATH 2 hrs 10 min
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 26 , 19 47 to May 16 , 19 53 , that I last saw the deceased alive on May 16 , 19 53 , and that death occurred at 6:04 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Gilbert E. Rudman		23B. ADDRESS 2517 W. Balto. St.		23C. DATE SIGNED 5/18/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Bureau		24B. DATE 5/19/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS Fred. A. Cole, 1913 W. Balto. St.	

NOT A MEDICAL EXAMINER'S CASE
William Spotts M.D.
CHIEF OR ASST. MEDICAL EXAMINER

53 4734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4734
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willis Smith

2. DATE
OF
DEATH

May 16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 408 N. Green St

4. USUAL RESIDENCE (Where deceased lived. If in institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

10-yr

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

408 N. Green St

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1885-

9. AGE (in years
last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Steward

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Larkin Smith

14. MOTHER'S MAIDEN NAME

Lucy Blunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gertrude Richardson 408 N. Green St

18. 231X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4/53, to 5/16/53, that I last saw the
deceased alive on 5/11/53, and that death occurred at 8:00 pm, from the causes and on the date stated above.

23A. SIGNATURE

William M. Bonner M. D.

23B. ADDRESS

253 Green St

23C. DATE SIGNED

5/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial May 19, 53 Mt. Zion Baets
Huntington Williams, M. James & Hayes 638 N. Green St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4735****53 4735**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Timothy J. O'Neill*2. DATE
OF
DEATH*5-18-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md**1-01*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*732 S. Decker Ave*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto - Md.

D. STREET ADDRESS (If rural, give location)

732 S. Decker Ave

C. Length of stay in Baltimore

60

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-14-74

9. AGE (In years

last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance man

10B. KIND OF BUSINESS OR INDUSTRY

Balto City

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William O'Neill

14. MOTHER'S MAIDEN NAME

Brigid Kessler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mary G. Morgan - 1017 Cathedral*18. *163x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

*Arteriosclerosis C.V. Disease**1943*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

*Carcinoma of right lung**May 16, 53*

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Jan 10, 1943* to *May 18, 1953*, that I last saw the deceased alive on *May 18, 1953*, and that death occurred at *4:30 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

E. Schinok

23B. ADDRESS

8428 East Ave

23C. DATE SIGNED

5-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

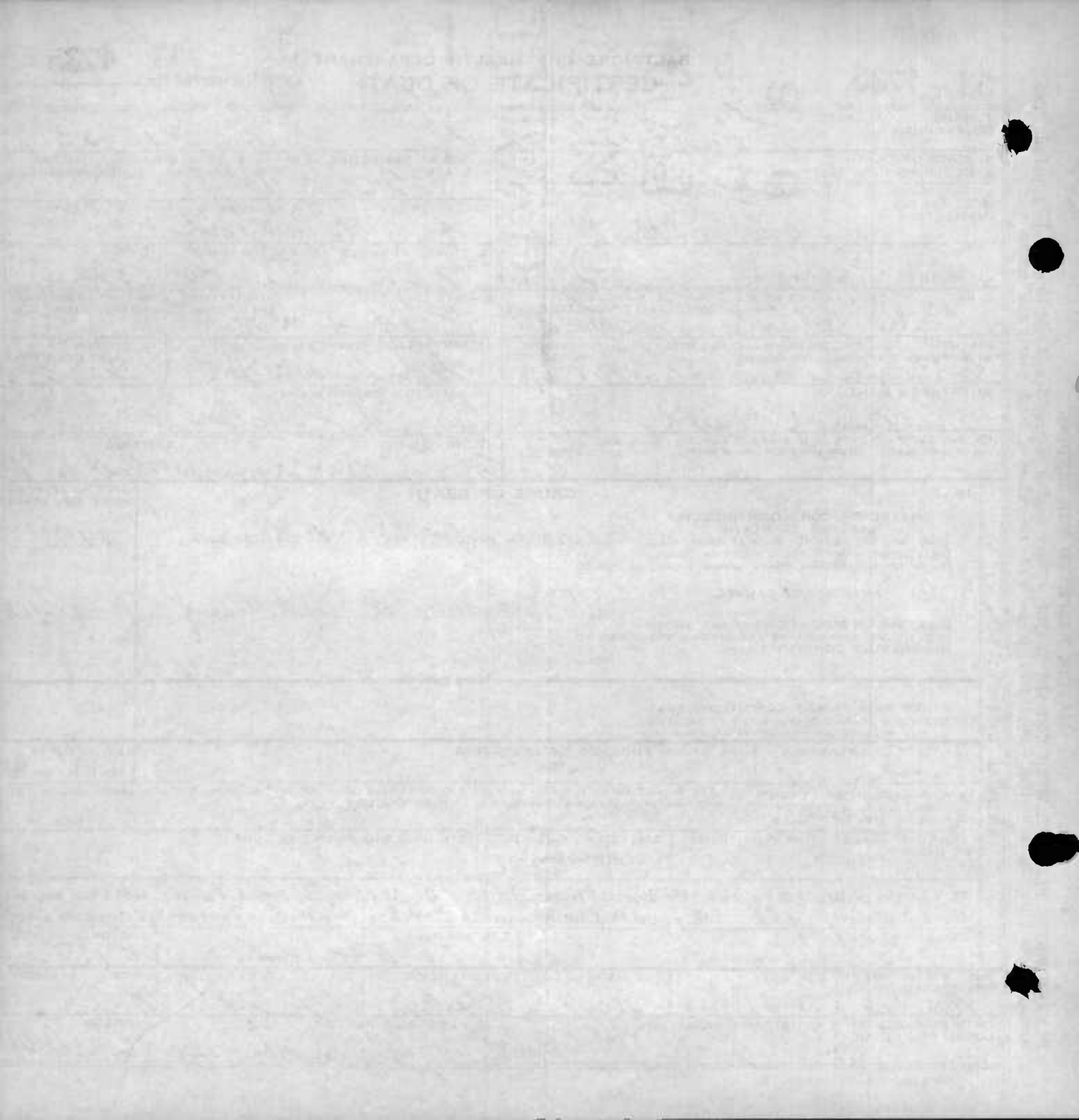
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**5-21-53**New Cathedral**Balto - Md.**May 19 1953**Huntington Williams**Felly + Zeibensche - 403 S. 2nd St.*



53 4736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4736

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAL (MICHAEL) OSTROWSKI

2. DATE
OF
DEATH

5-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 249 S. WASHINGTON ST.

A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

249 S. WASHINGTON ST.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

10-29-1875

9. AGE (In years last birthday)

78

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PETER OSTROWSKI

14. MOTHER'S MAIDEN NAME

BALAKIER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

FRANK OSTROWSKI - 249 S. WASHINGTON ST.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIO SCLEROTIC C.V. DISEASE

NOV. 2/52

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PULMONARY EMPHYSEMA.

NOV. 2/52

DUE TO

(C) ACUTE CORONARY OCCLUSION

5-17-53

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 2, 1952, to May 17, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4737
Registered No. 53 4737

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEFANIA AKONOM

2. DATE
OF
DEATH

May 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2221 FLEET ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 1-04

D. STREET ADDRESS (If rural, give location)

2221 FLEET ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-2-1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PETER LENTONSKI

14. MOTHER'S MAIDEN NAME

ZELINSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHN AKONOM

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerosis

(C)

Rheumatoid Arthritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May 12, 1953, to May 17, 1953, that I last saw the
deceased alive on May 16, 1953, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Andrew Kusanowski

M. D.

23B. ADDRESS

2509 Eastern Ave

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

5-20-53

HOLY ROSARY

BALTIMORE

MAY 19 1953

Fred W. Ozagowski

1950 Eastern Ave.

1977

U.S. DEPARTMENT OF THE INTERIOR

CERTIFICATE OF TITLE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-425
53 4738
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4738
Registered No.

1. NAME OF DECEASED (Type or Print)			BARBARA FLECKENSTEIN			2. DATE OF DEATH May 17, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore					
b. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-10					
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 118 S. Clinton Street					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1877		9. AGE (in years last birthday) 75		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
13. FATHER'S NAME Joseph Arnett			14. MOTHER'S MAIDEN NAME Caroline Schriefer					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. -----			17. INFORMANT ADDRESS Mrs. Mary E. Larson 517 S. East Ave		

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture dislocation of 7th cervical vertebra

ANTECEDENT CAUSES

(B) Traumatic injury of spinal cord

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Preston and Caroline Street 10/1

21D. TIME (Month) (Day) (Year) (Hour)

May 14, 1953 7:30 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER

May 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 21, 1953

Holy Redeemer Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 N. Baltimore St.

D-522

53 4739

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4739

1. NAME OF DECEASED (Type or Print) WILLIAM DUNKES			2. DATE OF DEATH May 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 521 N. Highland Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 521 N. Highland Ave. 26-44		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 2, 1888		9. AGE (in years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Dunkes			14. MOTHER'S MAIDEN NAME LOUISA GIESE-RAGEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. 213-01-2984	17. INFORMANT Elizabeth Dunkes		
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INOPERABLE CARCINOMA OF STOMACH		CAUSE OF DEATH INOPERABLE CARCINOMA OF STOMACH		INTERVAL BETWEEN ONSET AND DEATH 18 MOS	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9/5/52		19B. MAJOR FINDINGS OF OPERATION INOPERABLE CARCINOMA STOMACH - METASTASES LIVER			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JULY , 1952, to 5/17 , 1953, that I last saw the deceased alive on 5/16 , 1953, and that death occurred at 10 A m., from the causes and on the date stated above.					
23A. SIGNATURE Salud. H. Neely		23B. ADDRESS 301 Medical Arts Bldg - Balto		23C. DATE SIGNED 5/18/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-20-53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR John A. Moran			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Funerary John A. Moran		ADDRESS 3000 E. Balto. St. 24	

57424

after 3⁰⁰
3rd floor

YOUNG

CHICKEN

Medical Examiner's Case

53 4740 K-626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4740

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jennie Kreuzer

2. DATE OF DEATH 5-17-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Carroll

B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hampstead

c. Length of stay in Baltimore 78 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) RFD #2 5600

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3-23-1875

9. AGE (In years last birthday) 78 H Under 1 Year Months: Days H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Cornelius Sauble

14. MOTHER'S MAIDEN NAME Matilda Berthold.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT Mrs. Elva Nelson, Hampstead Md. ADDRESS

18. E903.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

(A) CORONARY OCCLUSION 17 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(B) GENERALIZED ARTERIOSCLEROSIS MANY YEARS?

CERTIFICATION APPROVED BY

R. Fisher

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERTROCHANTERIC FRACTURE RIGHT HIP

19A. DATE OF OPERATION 5-1-53

19B. MAJOR FINDINGS OF OPERATION Fracture Rt. Femoral head

20. AUTOPSY YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In her home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hampstead Md. 5600

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-29-53 m.

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR? floor Pt. fell Slipped & fell to

22. I hereby certify that I attended the deceased from 4-30, 1953, to 5-17, 1953, that I last saw the deceased alive on 5-17, 1953, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE Alfred Y. Ossman, Jr. M.D.

23B. ADDRESS 2800 E. Chase St. Balt 13

23C. DATE SIGNED 5-18-53

24A. BURIAL CREMA- TION REMOVAL (Specify) Burial

24B. DATE May 21/53

24C. NAME OF CEMETERY OR CREMATORY Beskeleysville

24D. LOCATION (City, town, or county) (State) Balto co Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

N 820.0

Md

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1940

STATISTICAL OF DEATH

1940



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4741**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEARL BLAIR

2. DATE
OF
DEATH

5-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland **BALTIMORE**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION **PROVIDENT HOSPITAL A**

FREE DISPENSARY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1418 Mc Colla St 14-02

c. Length of stay in Baltimore

Life

5. SEX

female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-15-06

9. AGE (In years last birthday)

46

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Johnson ?

14. MOTHER'S MAIDEN NAME

Lillie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JAMES BLAIR 1418 Mc Colla ST

18. **443 X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio-vascular accident**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension etc.**
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **May 15, 1953** to **May 15, 1953**, that I last saw the deceased alive on **May 15, 1953**, and that death occurred at **8:40 AM**, from the causes and on the date stated above.

23A. SIGNATURE

Ignacio T. Garcia

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

May 15 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/19/53

24C. NAME OF CEMETERY OR CREMATORY

Wm. C. Cullen

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

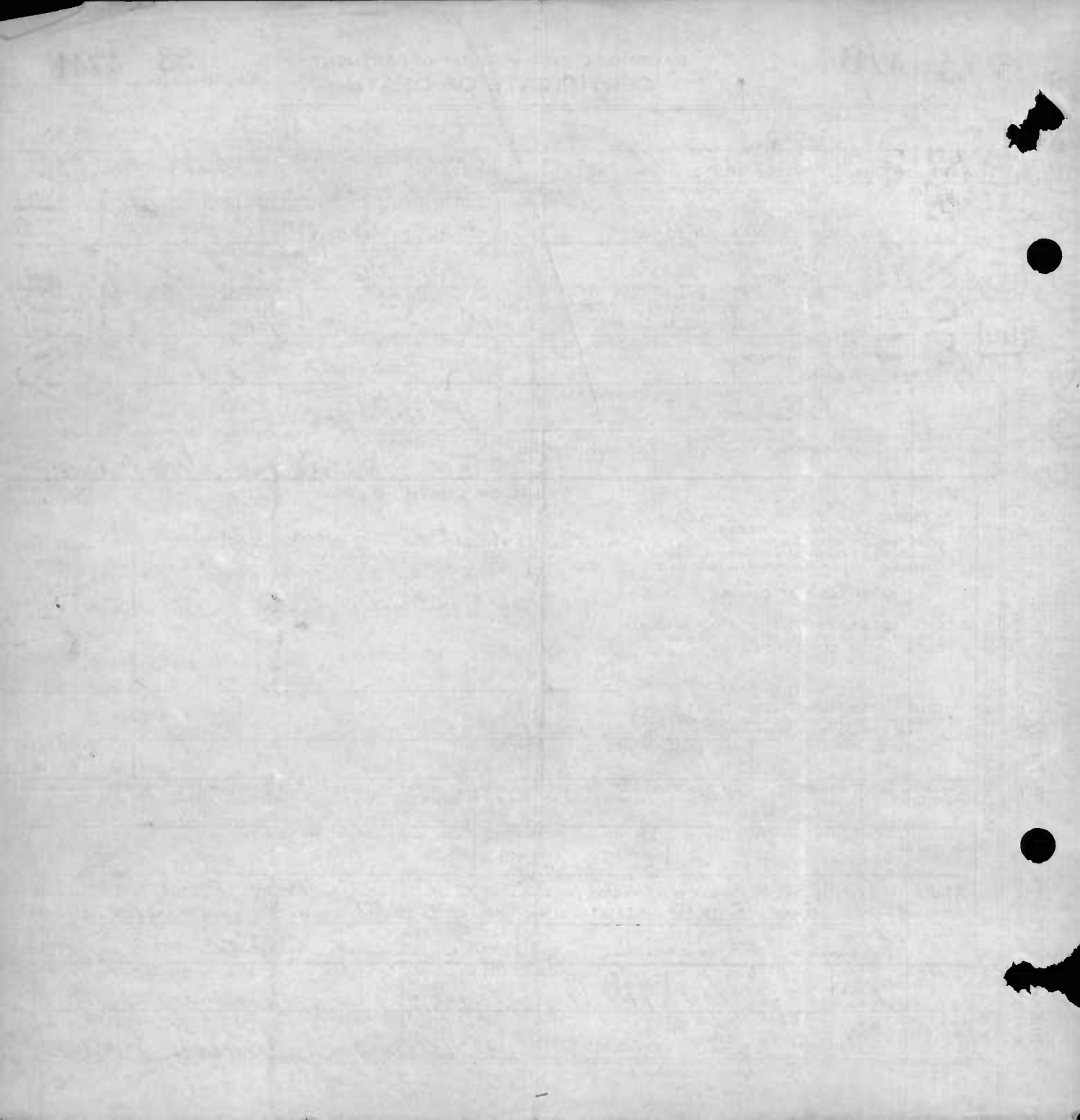
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William J. Jackson - Penna

916 ADDRESS



53 4742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4742

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSA SALZMAN

2. DATE
OF
DEATH

5-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Levindale Aged Home

C. Length of stay in Baltimore

8 yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-17

D. STREET ADDRESS (If rural, give location)

Levindale Aged Home

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan 11, 1875

9. AGE (In years

last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

13. FATHER'S NAME

Mordecia Klein

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edmund M. Salzman - 171 Grandview Ave N.Y.

18. 420.1 and 260X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary thrombosis

30 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27 1947, to 5-18, 1953, that I last saw the
deceased alive on 5-18, 1953, and that death occurred at 11:55 pm., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

5-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/19/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Hebron

24D. LOCATION (City, town, or county)

New York, N.Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Lerinson + Bros - 1124-26 W.

ADDRESS

North Avenue

RECEIVED

CONGRESS
OFFICE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4743BIRTH NO. 53 47431. NAME OF DECEASED
(Type or Print) George, Mr. George Cochran2. DATE
OF
DEATH May 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONSt. Agnes HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore

D. STREET ADDRESS (If rural, give location)

2034 Griffiss Ave.

c. Length of stay in Baltimore

21 yearsYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

3-16-18919. AGE (in years
last birthday)62If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Cook-Dancer10B. KIND OF BUSINESS OR
INDUSTRYRestaurant

11. BIRTHPLACE (State or foreign country)

Greece12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James

14. MOTHER'S MAIDEN NAME

Amelia15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wife same18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Subarachnoid Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio-
Vascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1953, to 5-16, 1953, that I last saw the
deceased alive on 5-16, 1953, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

Harry J. King

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

5-16-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialMay 19, 1953Green Corn. Bldg. Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1953Huntington Williams, MDLambros Inc. 440 E. North

Cochran

Charles B. Cochran

Wife of Charles B. Cochran
John Cochran
Charles B. Cochran
John Cochran

Edward M. M. M.

Charles B. Cochran
John Cochran
Charles B. Cochran
John Cochran

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 4744 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4744 Registered No.	
1. NAME OF DECEASED (Type or Print) JAMES OLIVER			2. DATE OF DEATH 5-16-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Johns Hopkins Hosp.			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) BALTIMORE 7-05		
c. Length of stay in Baltimore 25 YRS.			D. STREET ADDRESS (If rural, give location) 1513 MILLMAN ST.		
5. SEX M.	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-16-1909	9. AGE (In years last birthday) 44	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY Building Supply		11. BIRTHPLACE (State or foreign country) SEVERN, MD
13. FATHER'S NAME John Oliver			14. MOTHER'S MAIDEN NAME ROSIE ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-10-5874		17. INFORMANT ADDRESS MARY OLIVER 1513 MILLMAN ST.	
18. E984X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Multiple Gunshot Wounds OF CHEST + Thigh DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1500 Block Millman ST	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5 16 53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? He had Shot. Shot By Police Officer Whom	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED 5-18-53					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5-20-53	24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY		24D. LOCATION (City, town, or county) (State) A. A. COUNTY, MD	
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1953		REGISTRAR'S SIGNATURE Huntington Williams Jr		25. FUNERAL DIRECTOR Joseph B. Lock	
V S 151		N 862.4		97024	

1857

1857

1857



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4745**

53 4745
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK EDWARD MILLER			2. DATE OF DEATH May 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
D. STREET ADDRESS (If rural, give location) 1232 W. Pratt Street			5. LENGTH OF STAY IN BALTIMORE ? Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/1/97	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver			10B. KIND OF BUSINESS OR INDUSTRY B & O RR		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George Miller			14. MOTHER'S MAIDEN NAME Julia Pennington		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I - USA			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Records- US PHS Hospital, Balto, Md.			ADDRESS		

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) carcinoma left lung (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH Undetermined
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION ?		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 24, 1953 to May 18, 1953 that I last saw the deceased alive on May 18, 1953 and that death occurred at 5:25 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE J. A. HUNTER Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 5/19/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/22/53	24C. NAME OF CEMETERY OR CREMATORY New Balto Natl Cem	24D. LOCATION (City, town, or county) (State) 5501 Frederick Ave
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John J. Cowan & Son	
		ADDRESS Hollins	

683501

1945

1945

DEPARTMENT OF HEALTH

STATE OF CALIFORNIA

1945

NAME OF DECEASED		DATE OF DEATH	
PLACE OF DEATH		CAUSE OF DEATH	
AGE		SEX	
RACE		RELIGION	
EDUCATION		OCCUPATION	
MARRIAGE		MILITARY SERVICE	
PREVIOUS ILLNESS		TREATMENT	
FAMILY HISTORY		SOCIAL HISTORY	
HISTORICAL DATA		PHYSICAL EXAMINATION	
LABORATORY DATA		PATHOLOGICAL DATA	
MEDICAL OPINION		CONCLUSIONS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF DEATH REGISTRAR	
DATE		DATE	



CERTIFICATE CORRECTED 6-5-53

53 4746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4746

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph

2. DATE
OF
DEATH

5/18/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Md

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1121 Bayard St.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1121 Bayard St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/18/1899

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sheet Metal Worker

10b. KIND OF BUSINESS OR
INDUSTRY

Riggs Sister Co

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James R. Carroll (M)

14. MOTHER'S MAIDEN NAME

Dora E. Einolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs Jeanette E. Carroll Bayard St

ADDRESS 121

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Artery Disease

(C) DUE TO

1 week

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23 1951, to 5-18 1953, that I last saw the
deceased alive on 5-18 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE

John P. Unbeck, Jr

23b. ADDRESS

1227 Waverly Blvd

23c. DATE SIGNED

5-18 53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

5/21/53

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem

24d. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

117 Hollins

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4747

53 4747
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Maggie White Ireland

2. DATE
OF
DEATH

May 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2337 Ivy Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-03

D. STREET ADDRESS (If rural, give location)

2337 Ivy Ave.

c. Length of stay in Baltimore

67 yrs. Mos. Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 15, 1891

9. AGE (In years last birthday)

61

11 Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Augustus White

14. MOTHER'S MAIDEN NAME

Mary Ann Murdock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT
Mrs. Bligheth Corbett
2337 Ivy Ave.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-Vascular - renal disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to May 17, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Deen Ann M. D.

23B. ADDRESS

1802 1 Carlinee St

23C. DATE SIGNED

5/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1601 Druid Hill Ave.

4443

01

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

1944



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4748BIRTH NO. 53 4748

1. NAME OF DECEASED (Type or Print) <u>Arthur James Talbot</u>			2. DATE OF DEATH <u>May 16, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>16-02</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>48 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>1427 Winchester Dr. 1721</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug-14-97</u>		9. AGE (in years last birthday) <u>55</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Fertilizer</u>	11. BIRTHPLACE (State or foreign country) <u>St Marys Co. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Samuel Talbot</u>			14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Stewart</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes, War #1</u>		16. SOCIAL SECURITY NO. <u>212-03-0353</u>	17. INFORMANT <u>Helen Talbot</u>		
			ADDRESS <u>1427 Winchester St</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute coronary sclerosis.</u> (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>		
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>5/21/53</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5:00 PM May 16, 1953</u> , to <u>5:22 PM May 16, 1953</u> , that I last saw the deceased alive on <u>5-16</u> , 19 <u>53</u> , and that death occurred at <u>5:22 PM</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. W. Conway</u>		23B. ADDRESS <u>South Baltimore East Hosp.</u>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5/21/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Balto. Nat.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 19 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>W. W. Conway</u>		

8152

17000 00 0000 0000

8152



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

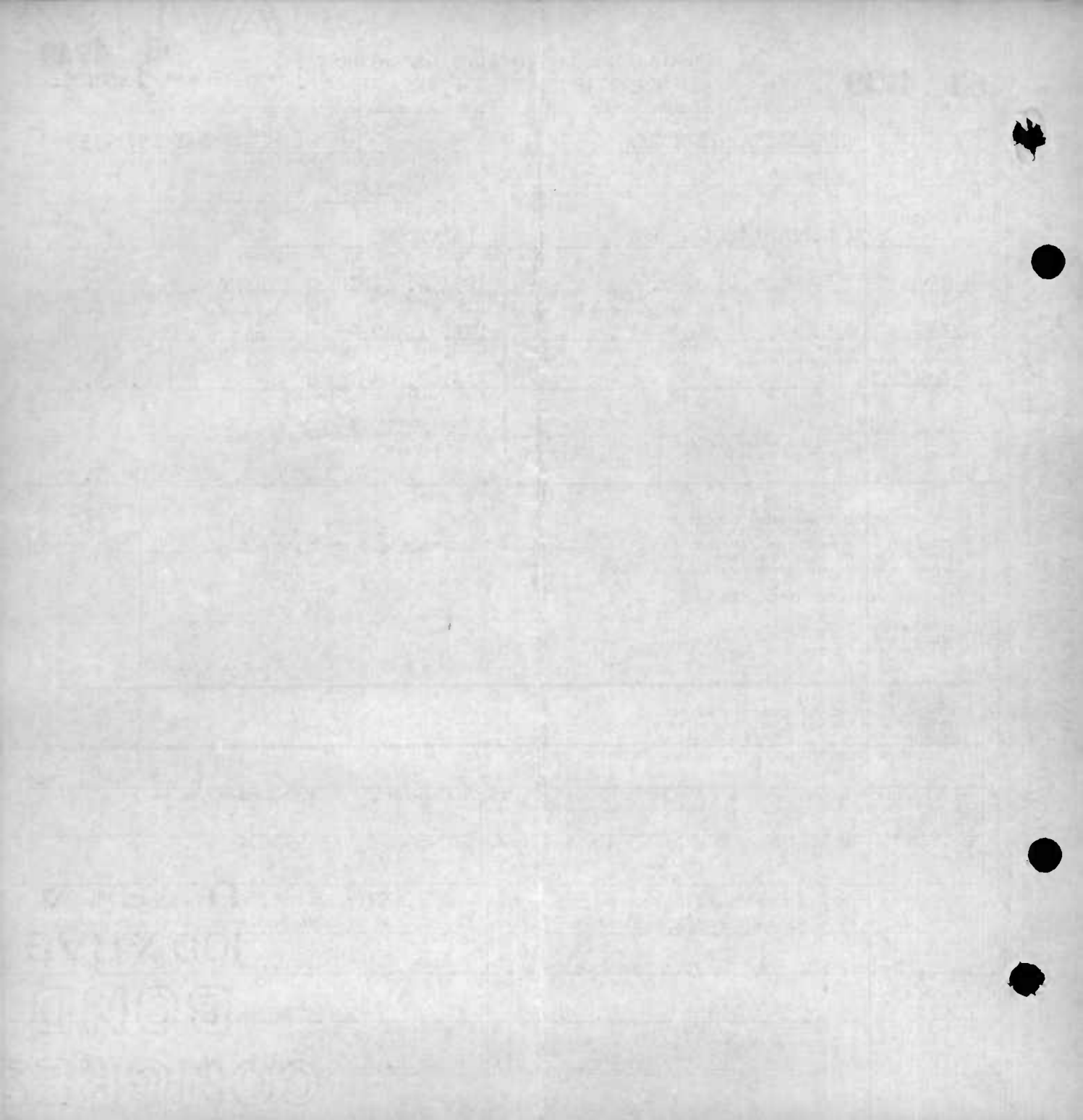
53 4749
Registered No. 3698

53 4749
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRIETTA FLETCHER			2. DATE OF DEATH MAY 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1034 N. STRICKER STREET			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 30 YRS.			D. STREET ADDRESS (If rural, give location) 1034 N. STRICKER STREET		
5. SEX FEMALE	6. COLOR OR RACE COL.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH FEB. 15, 1889		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) EASTON, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME THOMAS JONES			14. MOTHER'S MAIDEN NAME HENRIETTA ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JA MES FLETCHER 1034 N. STRICKER ST.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of intestines DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. unknown		INTERVAL BETWEEN ONSET AND DEATH unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-1 , 1953, to 5-15 , 1953 that I last saw the deceased alive on 5-14 , 1953, and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Frank A. Saunders M.D.		23B. ADDRESS 1029 N. Stricker St.		23C. DATE SIGNED 5-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/19/1953		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	
24D. LOCATION (City, town, or county) BALTIMORE, MD.		25. FUNERAL DIRECTOR ADDRESS CHARLES A. RICE 661 W. BARRE STREET			
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-460 53 4750		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4750 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Margaret V. Hall				2. DATE OF DEATH May 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 5208 Alhambra Avenue		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5208 Alhambra Avenue			Yrs. Mos. Days		
c. Length of stay in Baltimore					
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 9, 1889	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Baltimore County, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frederick J. Hofstetter			14. MOTHER'S MAIDEN NAME Florence E. Councell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John S. Hall, 5208 Alhambra Avenue		
18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Rheumatic Heart Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 25 yrs					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 7 th , 1952, to May 18 th , 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 11 A. M., from the causes and on the date stated above.					
23A. SIGNATURE A. S. Chalapat		23B. ADDRESS 6810 York Road, Balt. Md		23C. DATE SIGNED May 19, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/21/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Maryland			
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Thos. Cook, Inc., 1217 St. Paul Street	

0570 55

0570 55

CONGRESS

WETTER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4751**

53 4751
BIRTH NO.

1. NAME OF DECEASED CARROLL Elmer Johnson (Type or Print)			2. DATE OF DEATH 5/18/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2125 E. Baltimore St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/24/1902		9. AGE (in years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Oil Burner	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Oscar Johnson			14. MOTHER'S MAIDEN NAME Mary Alice Palmer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-05-367	17. INFORMANT ADDRESS 2125 Mrs. Bertha Johnson - E. BALTO		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction days		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary artery occlusion days		DUE TO
Coronary artery occlusion years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-7-1953 to 5-18-1953 , that I last saw the deceased alive on 5-18-53 , and that death occurred at 12.22 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. Conway		23B. ADDRESS M. D. South Baltimore Genl Hosp		23C. DATE SIGNED 5-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 20-1953	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	24D. LOCATION (City, town, or county) (State) BALTO Md		
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1953	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR McDonnell & Luck		ADDRESS 5305 Harford Rd

VS 150

55484

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

1971 83

1971 83

1971 83



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4752BIRTH NO. 53 4752

1. NAME OF DECEASED (Type or Print) <u>Maudie Cadotte</u>		2. DATE OF DEATH <u>5/13/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-01</u>	
c. Length of stay in Baltimore <u>10</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1121 Aisquith St. #2</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug. 23, 1890</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Presser</u>		9. AGE (in years last birthday) <u>62</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
13. FATHER'S NAME <u>Anderson Cornelius</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Carrie Euland</u>	
16. SOCIAL SECURITY NO. <u>475-22-0555</u>		17. INFORMANT ADDRESS <u>Mr. Floyd A. Mennis - SAME</u>	
18. <u>171X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Invasive Type Carcinoma of Cervix Uteri Grade IV</u> CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO <u>Same</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/9</u> , 19 <u>53</u> to <u>5/13</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5/9</u> , 19 <u>53</u> and that death occurred at <u>11:55 P.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>P. Balanoid</u>		23B. ADDRESS <u>Maryland Gen. Hosp.</u>	
23C. DATE SIGNED <u>5/15/53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24B. DATE <u>5/20/53</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>GREENMOUNT CEM</u>		24D. LOCATION (city, town, or county) (State) <u>BALTO MD</u>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR <u>Leonard J. Ruck</u>	
REGISTRAR'S SIGNATURE <u>H. Taylor Williams</u>		ADDRESS <u>5305 Harford</u>	

1951



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4753

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Frank D'Anna			2. DATE OF DEATH May 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION 4910 Loch Raven Blvd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 4910 Loch Raven Flvd		
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 1/1/1895			9. AGE (In years, last birthday) 58		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Fruit Dealer Frank D'Anna & Son			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Italy		
13. FATHER'S NAME Peter D'Anna			14. MOTHER'S MAIDEN NAME Providenza D'Angelo			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Concetina D'Anna 4910 Loch Raven Bl		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Atherosclerotic Heart Disease Syn +			(A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
(C) DUE TO								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from Feb 1950 , to 18 May 1953 , that I last saw the deceased alive on 18 May 1953 and that death occurred at 12:00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Leonard J. Ruck			23B. ADDRESS 1261 E Belvedere			23C. DATE SIGNED 18 May 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/21/53			24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			24E. NAME OF FUNERAL DIRECTOR Leonard J. Ruck			24F. ADDRESS 5305 Harford Road		
DATE RECEIVED BY LOCAL REGISTRAR 5/18/53			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. ADDRESS 5305 Harford Road		

Dr. DeHoff
1261 E. Belvedere Ave
1:30 - 3:00

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-300

53 4754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4754
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie Huth

2. DATE
OF
DEATH

May 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4700 Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3915 Fleetwood Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 27, 1859

9. AGE (In years
last birthday)

94

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? Englemeyer

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Frank J. Koenig 4302 Parkside Drive

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL DEGENERATION

DUE TO

2 Mos.

ANTECEDENT CAUSES

(B) SENILITY

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.FRACTURE OF FEMUR
DECUBITUS ULCERS4 YRS. 11 Mos.
3 Mos.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 25, 1948 to MAY 17, 1953, that I last saw the
deceased alive on 5/16, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/20/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1953

Leonard J. Ruck

5305 Harford Rd

Dr. Machen
6331 Belair Road

2-4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4755

BIRTH NO.

NAME OF DECEASED
(Type or Print)Louis Jester2. DATE
OF
DEATH5/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONMercy Hospital

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE20-07

D. STREET ADDRESS (If rural, give location)

34 S. Morley St.

5. SEX

MALE

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

4/3/19089. AGE (In years
last birthday)45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)BALTO. TRANSIT10B. KIND OF BUSINESS OR
INDUSTRYTRANSPORTATION

11. BIRTHPLACE (State or foreign country)

BALTO, MARYLAND12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

J. Roland JesterOperator St. Almy.

14. MOTHER'S MAIDEN NAME

CAROLINE Koslowski15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)unknown16. SOCIAL
SECURITY NO.225-16-0826

17. INFORMANT

Mrs. I. Jester

ADDRESS

34 S. Morley St.

18.

42011 IDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Conjunctive Heart Failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Myocardial Infarction

DUE TO

3 wks.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1953, to 5/18, 1953, that I last saw the
deceased alive on 5/18, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

24

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-524

53 4756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4756
Registered No.

1. NAME OF DECEASED (Type or Print) **LEROY KUNKLE**

2. DATE OF DEATH **5-17-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.**
B. COUNTY **18-02**

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

6. STREET ADDRESS (If rural, give location)
1201 W. Lombard St.

7. LENGTH OF STAY IN BALTIMORE **Life**

8. SEX **Male**

9. COLOR OR RACE **White**

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

11. DATE OF BIRTH **2/12/1892**

12. AGE (In years last birthday) **61**

13. Under 1 Year Months Days

14. Under 24 Hours Hours Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Engineer**

16. KIND OF BUSINESS OR INDUSTRY **American Engineers**

17. BIRTHPLACE (State or foreign country) **Baltimore**

18. CITIZEN OF WHAT COUNTRY? **USA**

19. FATHER'S NAME **Unknown**

20. MOTHER'S MAIDEN NAME **Unknown**

21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **Yes - W War I**

22. SOCIAL SECURITY NO. **-**

23. INFORMANT **Mrs Lydia Riley**

24. ADDRESS **1201 W. Lombard St.**

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) **GUNS NOT WOUND OF HEAD**

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. INTERVAL BETWEEN ONSET AND DEATH

31. 19A. DATE OF OPERATION **5-17-53**

32. 19B. MAJOR FINDINGS OF OPERATION

33. 20. AUTOPSY? YES ☐ NO ☒

34. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? **Found**

35. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **home**

36. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **1203 W LOMBARD**

37. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **5 17 53 Found**

38. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

39. 21F. HOW DID INJURY OCCUR? **Shot self in head**

40. 22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

41. 23A. SIGNATURE **R. J. [Signature]**

42. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

43. 23C. DATE SIGNED **5-17-53**

44. 24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

45. 24B. DATE **5/20/53**

46. 24C. NAME OF CEMETERY OR CREMATORY **Baltimore Cem.**

47. 24D. LOCATION (City, town, or county) (State) **E. North Ave & Rose St.**

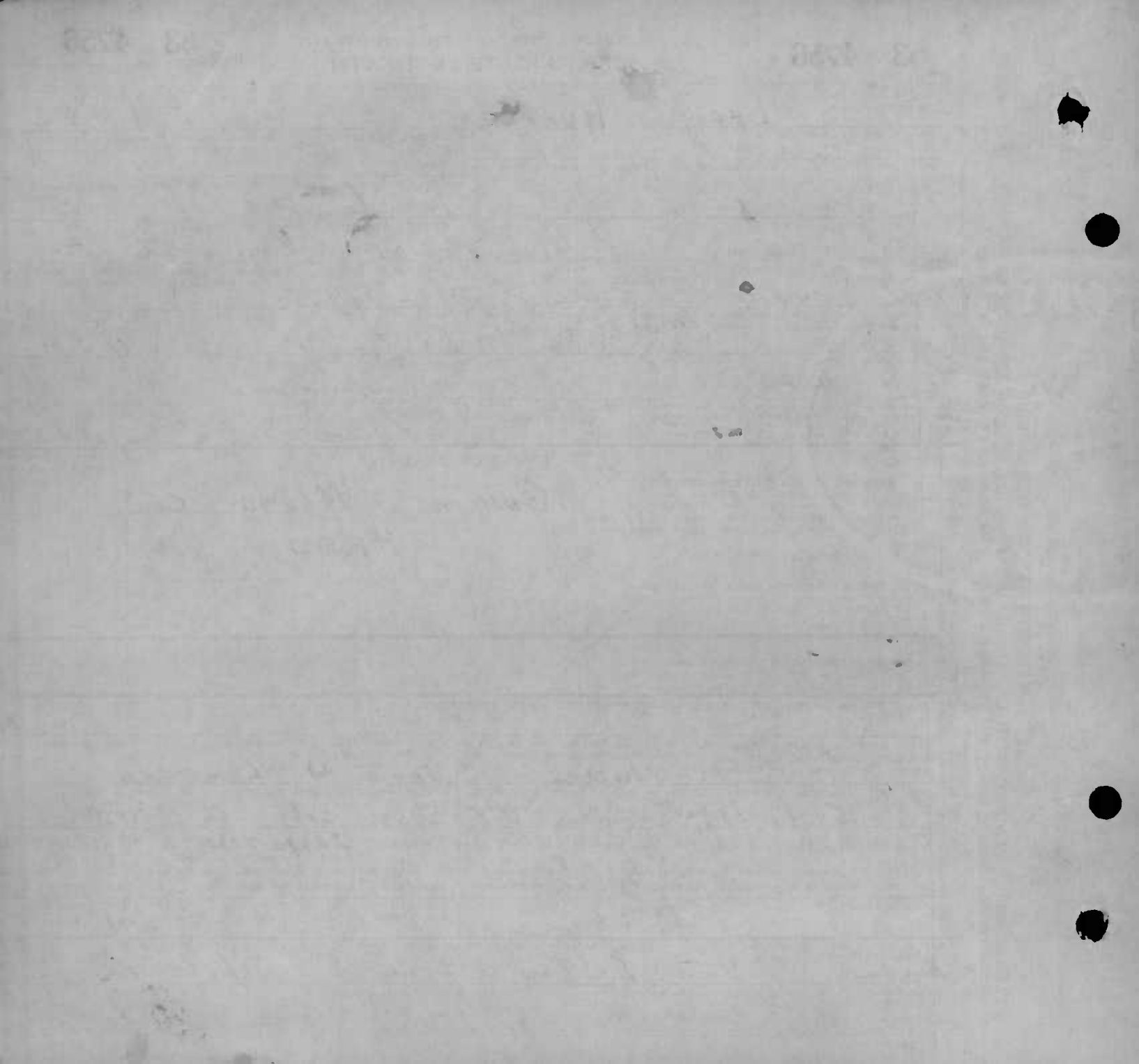
48. DATE RECEIVED BY LOCAL REGISTRAR **May 19 1953**

49. REGISTRAR'S SIGNATURE **Huntington Williams**

50. FUNERAL DIRECTOR **John J. Cowan & Son**

51. ADDRESS **Holger St.**

VS 151 N 803.4 5838Y



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4757

Registered No. _____

53 4757
BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANK FREDERICK CRUMP

2. DATE OF DEATH May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Mass.

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) US Public Health Service Hospital

Wyman PK. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rockport

D. STREET ADDRESS (If rural, give location)

24 Beach Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/13/94

9. AGE (In years last birthday)

59

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Lt. Commander

10B. KIND OF BUSINESS OR INDUSTRY

Coast Guard

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Crump

14. MOTHER'S MAIDEN NAME

Lillian Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I- USCG

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Lymphatic leukemia, with severe anemia

DUE TO

Undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary arteriosclerosis with a healed posterior infarct.

DUE TO

Undetermined

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 17, 1953, to May 18, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE J.A. Hunter

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

5/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

May 25/1953

24C. NAME OF CEMETERY OR CREMATORY

Arlington Park

24D. LOCATION (City, town, or county)

Wash. D.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Jenkins, Inc. 4905 York Road

ADDRESS

59591

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct- is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4758

53 4758
BIRTH NO.

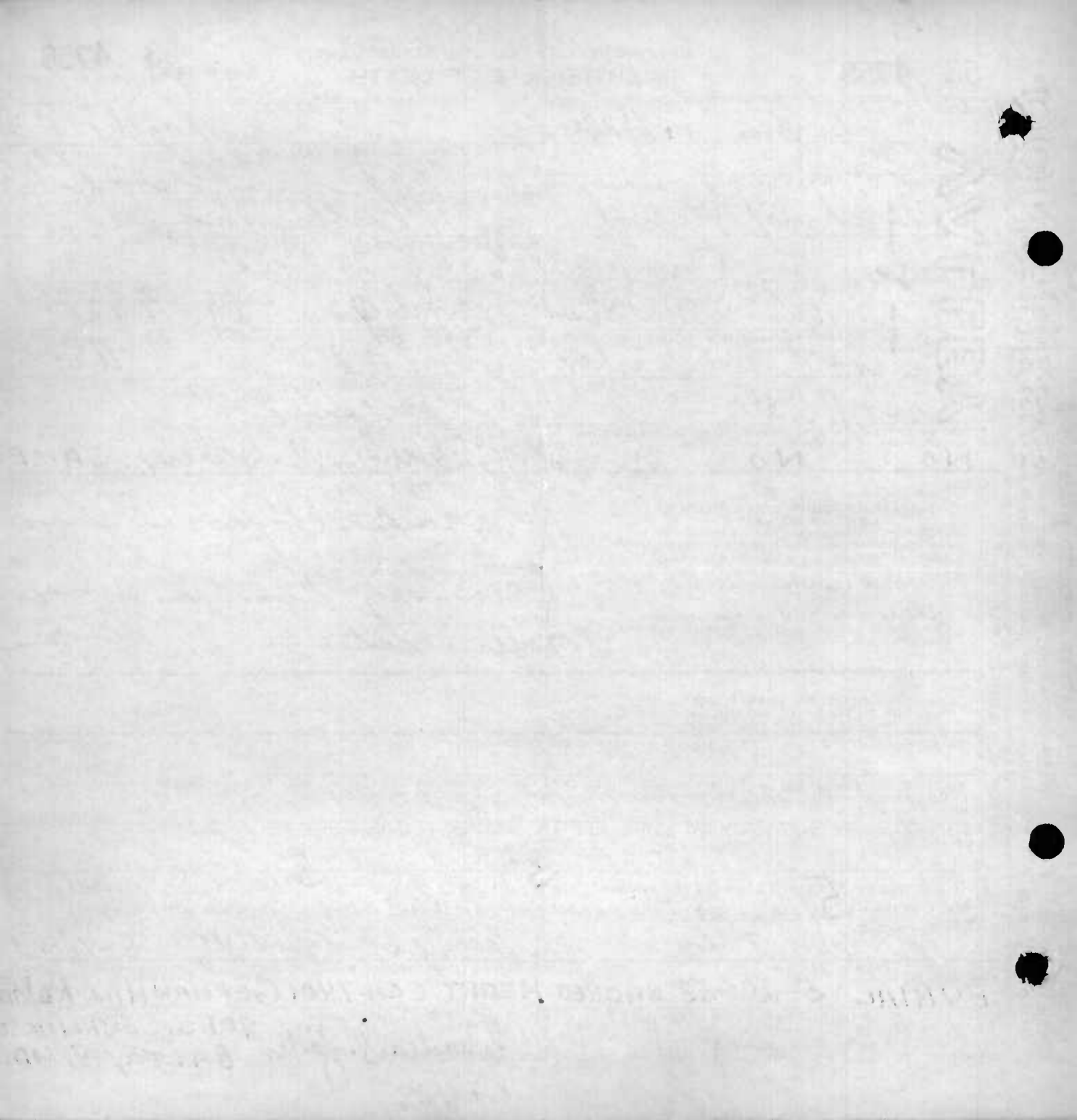
1. NAME OF DECEASED (Type or Print) <i>Benjamin F. Daley</i>			2. DATE OF DEATH <i>May 16, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>McKendall General</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-11</i>		
c. Length of stay in Baltimore <i>59 yrs 7 mo 17</i>			D. STREET ADDRESS (If rural, give location) <i>3208 Fair Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 9, 1893</i>		9. AGE (In years last birthday) <i>59</i> 9 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Barber</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>Frank Daley</i>			14. MOTHER'S MAIDEN NAME <i>Josephine ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>213-326519</i>		17. INFORMANT <i>Frank W. Daley</i> ADDRESS <i>SAME</i>	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Thrombosis</i>		<i>5 days</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arteriosclerosis</i>		<i>Arteriosclerosis</i>

19A. DATE OF OPERATION <i>5/11/53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5/11/53</i> , to <i>5/16/53</i> , that I last saw the deceased alive on <i>5/16</i> , 19 <i>53</i> , and that death occurred at <i>11:30 P.</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Deane Hec</i>		23B. ADDRESS <i>Maryland Ave</i>		23C. DATE SIGNED <i>5-16-53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>5-20-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>SACRED HEART CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>7401 GERMAN HILL RD MD BALTO, 24, MD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 19 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Charles S. Jailer</i> ADDRESS <i>901 S. CONKLING ST BALTO, 24, MD.</i>

7408F



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4759
Registered No. 475953 4759
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTIN, ARTHUR (Arthur J. Martin)			2. DATE OF DEATH May 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION SAINT JOSEPH HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 2		
6. Length of stay in Baltimore 41 Yrs. 40 Yrs. 4 Mos. 1 Days			D. STREET ADDRESS (If rural, give location) 1506 AISQUITTH STREET		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 1, 1874	9. AGE (In years, last birthday) 77	10. Under 1 Year 2 Months 16 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman			11. BIRTHPLACE (State or foreign country) MARYLAND		
10B. KIND OF BUSINESS OR INDUSTRY Steel Company			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Martin			14. MOTHER'S MAIDEN NAME Mary M. Earley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN			16. SOCIAL SECURITY NO. 213-09-4133		
17. INFORMANT Miss. Mary A. Martin-1506 Aisquith St. Balto:			ADDRESS		
18. 332x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL THROMBOSIS DUE TO GENERALIZED ARTERIOSCLEROSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 15, 1953 to May 17, 1953 , that I last saw the deceased alive on May 17, 1953 and that death occurred at 10:10 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE R. Carlinelli P.			23B. ADDRESS 1400 N. Caroline Street - 13		
23C. DATE SIGNED May 17, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5-21-1953		
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery			24D. LOCATION (City, town, or county) (State) Balair Rd. Balto: Md.		
DATE RECEIVED BY LOCAL REGISTRAR May 14 1953			REGISTRAR'S SIGNATURE George J. Ruth, Inc.		
25. FUNERAL DIRECTOR George J. Ruth, Inc.			ADDRESS -1735 Harford Ave.		

1952

CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
CENTERS FOR DISEASE CONTROL AND PREVENTION

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 435

53 4761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4761

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE E. FELDMANN

2. DATE
OF DEATH May 17, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)
Baltimore 15-09

Mercy Hospital

D. STREET ADDRESS (If rural, give location)

2130 Mt. Holly Street

C. Length of stay in Baltimore

14-Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 13, 1912

9. AGE (in years
last birthday)

40

If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Administration Assistant U.S. Government

10B. KIND OF BUSINESS OR
INDUSTRY

Alabama

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward F. Ellsberry

14. MOTHER'S MAIDEN NAME

Cora Huey Underwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Henry E. Feldmann 2130 Mt. Holly St.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Focal myocarditis

XOUEX

ANTECEDENT CAUSES

(B) Cardiac failure

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONCOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Howard Strong

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
May 18, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-20-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard Strong 3207 W. North Ave.,

VS 151

29091

1278 2c

1278 2c

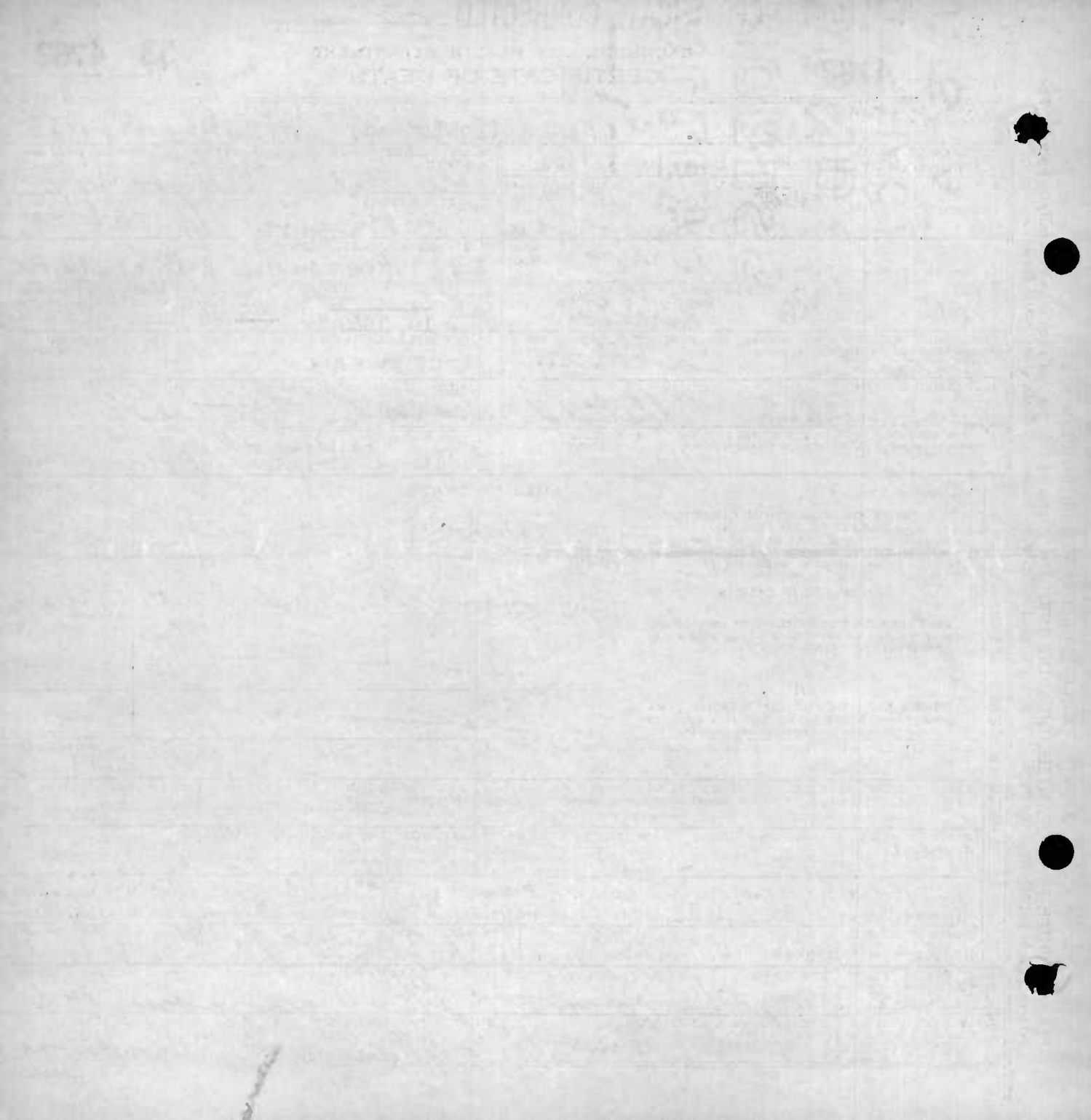
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4762**

53 4762
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles L. Kolstead (Kohlstead)		2. DATE OF DEATH May 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Lutheran Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Lutheran Hospital INSTITUTION 730 Ashburton St. Baltimore 16, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06	
C. Length of stay in Baltimore 72 yrs.		D. STREET ADDRESS (If rural, give location) 2827 Raynor Ave. Baltimore 16, Md.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1885
		9. AGE (In years last birthday) 65-86	10. Under 1 Year Months: Days
		11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Real Estate	
13. FATHER'S NAME Carl Wilhelm Kohlstead		14. MOTHER'S MAIDEN NAME Helen L. Hefzfeld	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
		17. INFORMANT hospital records ADDRESS Lutheran Hospital, Baltimore Md.	

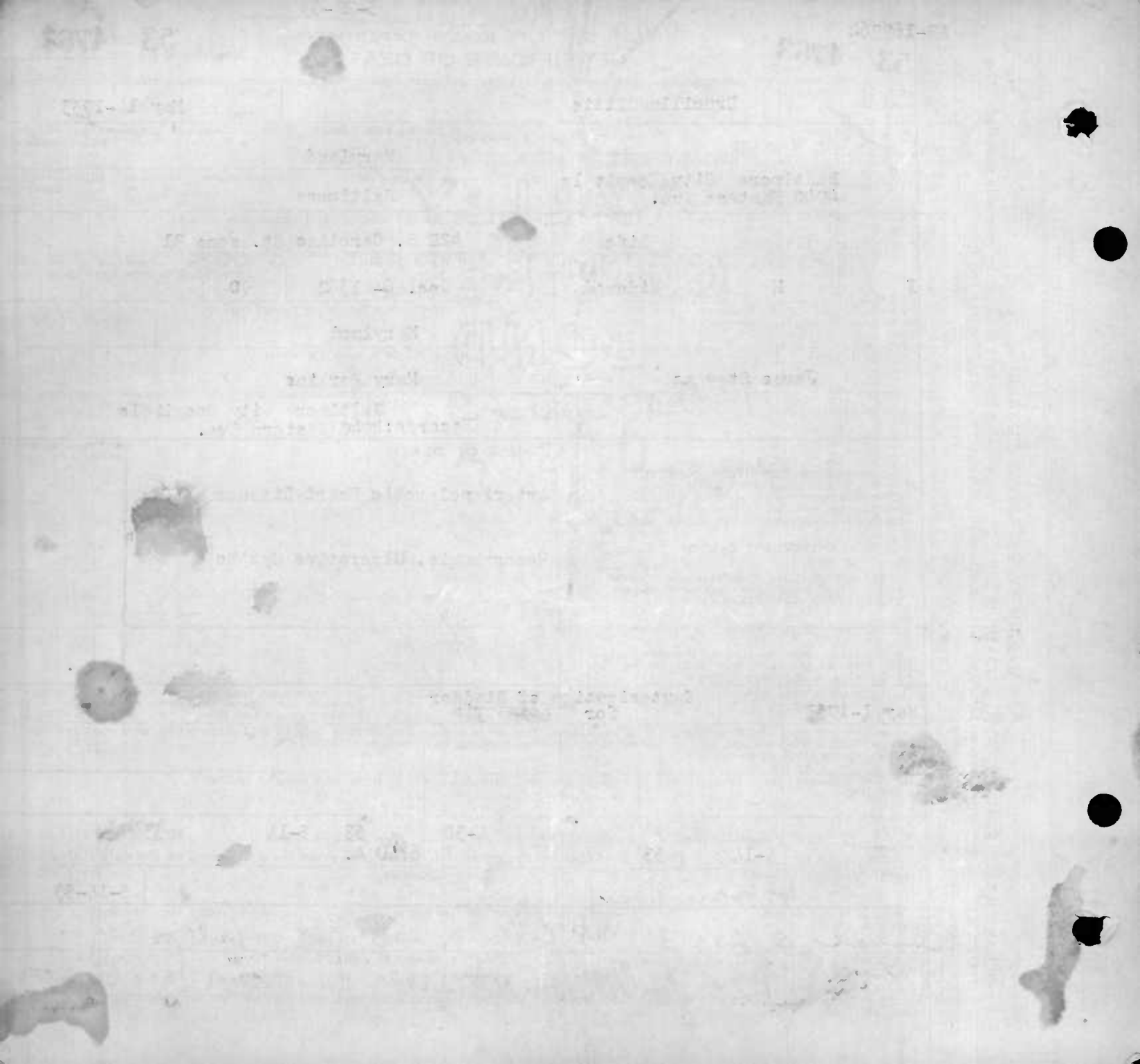
18. 420.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) cerebral thrombosis		2 days	
ANTECEDENT CAUSES		(B) hypertensive arteriosclerotic heart disease		2 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 17, 1953 to May 19, 1953 that I last saw the deceased alive on May 19, 1953 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Rudolph M. Zander M.D. assistant resident		23B. ADDRESS Lutheran Hospital, 730 Ashburton St. Baltimore Md.		23C. DATE SIGNED 5-19-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 22/53		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Thurston Williams, M.D.		24F. ADDRESS 4101 Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-169964		53 4763		5-28-53		BALTIMORE CITY HEALTH DEPARTMENT		53 4763		Registered No.	
BIRTH NO.		53 4763		CERTIFICATE OF DEATH							
1. NAME OF DECEASED (Type or Print)						Drucilla Gillis			2. DATE OF DEATH May 14-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland					
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01					
c. Length of stay in Baltimore Life						D. STREET ADDRESS (If rural, give location) 422 S. Caroline St. zone 31					
5. SEX F		6. COLOR OR RACE N		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 6- 1882		9. AGE (In years last birthday) 70		If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Stevens						14. MOTHER'S MAIDEN NAME Mary Perkins					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.					
18. 606 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO ANTECEDENT CAUSES (B) Hemorrhagic, Ulcerative Cystic DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II INTERVAL BETWEEN ONSET AND DEATH											
19A. DATE OF OPERATION May 1-1953		19B. OPERATION FOR WHAT CONDITION WAS PERFORMED Removal of Bladder for Hematuria		19C. OPERATION FOR WHAT CONDITION WAS PERFORMED		19D. OPERATION FOR WHAT CONDITION WAS PERFORMED		19E. OPERATION FOR WHAT CONDITION WAS PERFORMED		19F. OPERATION FOR WHAT CONDITION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-30, 1953, to 5-14, 1953, that I last saw the deceased alive on 5-14, 1953, and that death occurred at 6:40 A. M., from the causes and on the date stated above.											
23A. SIGNATURE H. J. Harrison						23B. ADDRESS		23C. DATE SIGNED 5-14-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/20/53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) Brooklyn Md		24E. LOCATION (City, town, or county) Brooklyn Md		24F. LOCATION (City, town, or county) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR O. Wilson		25. FUNERAL DIRECTOR O. Wilson		25. FUNERAL DIRECTOR O. Wilson		25. FUNERAL DIRECTOR O. Wilson	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-635-
53 4764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4764
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		FRANKLIN HARDIN		2. DATE OF DEATH 5-17-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (not in hospital or institution, give street address or location) S. B. G. H.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-04			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 7 Washington Ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH 7-19-36		9. AGE (In years last birthday) 16	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10B. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) TENN		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James R. (W)				14. MOTHER'S MAIDEN NAME Dorothy Louette			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT Family		ADDRESS	
18. E823.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CRUSHING INJURY OF CHEST and Abdomen DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) CRUSHING INJURY OF CHEST and Abdomen (B) (C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Mountain Rd. near Pinchurst AAC 5200			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5 17 53 2A		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? DRIVER CAR INTO POLE			
22. I certify that I took charge of the remains described above, held an Autopsy (P.M.) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 5-17-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 5-20-53		24C. NAME OF CEMETERY OR CREMATORY Glen Haven		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR L. A. Curry		ADDRESS	

1874 68

1874 68

1874

1874 68

1874 68



H-2600
53 4765BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4765

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

HOWSER

2. DATE
OF
DEATH May 18, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION

2631 Aisquith Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2631 Aisquith Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

12.1.92

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ENGINEER

10B. KIND OF BUSINESS OR
INDUSTRY

B.O.R.C.

11. BIRTHPLACE (State or foreign country)

BALTO.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

MATILDA BURGARDNER

15. WAS DECEASED
(Yes, no or unknown)

No.

EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

ANTECEDENT CAUSES

(B)

Myocardial infarct

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. [Signature]

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 18, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

5.27.53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTO.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Dorothy L. [Signature]

ADDRESS

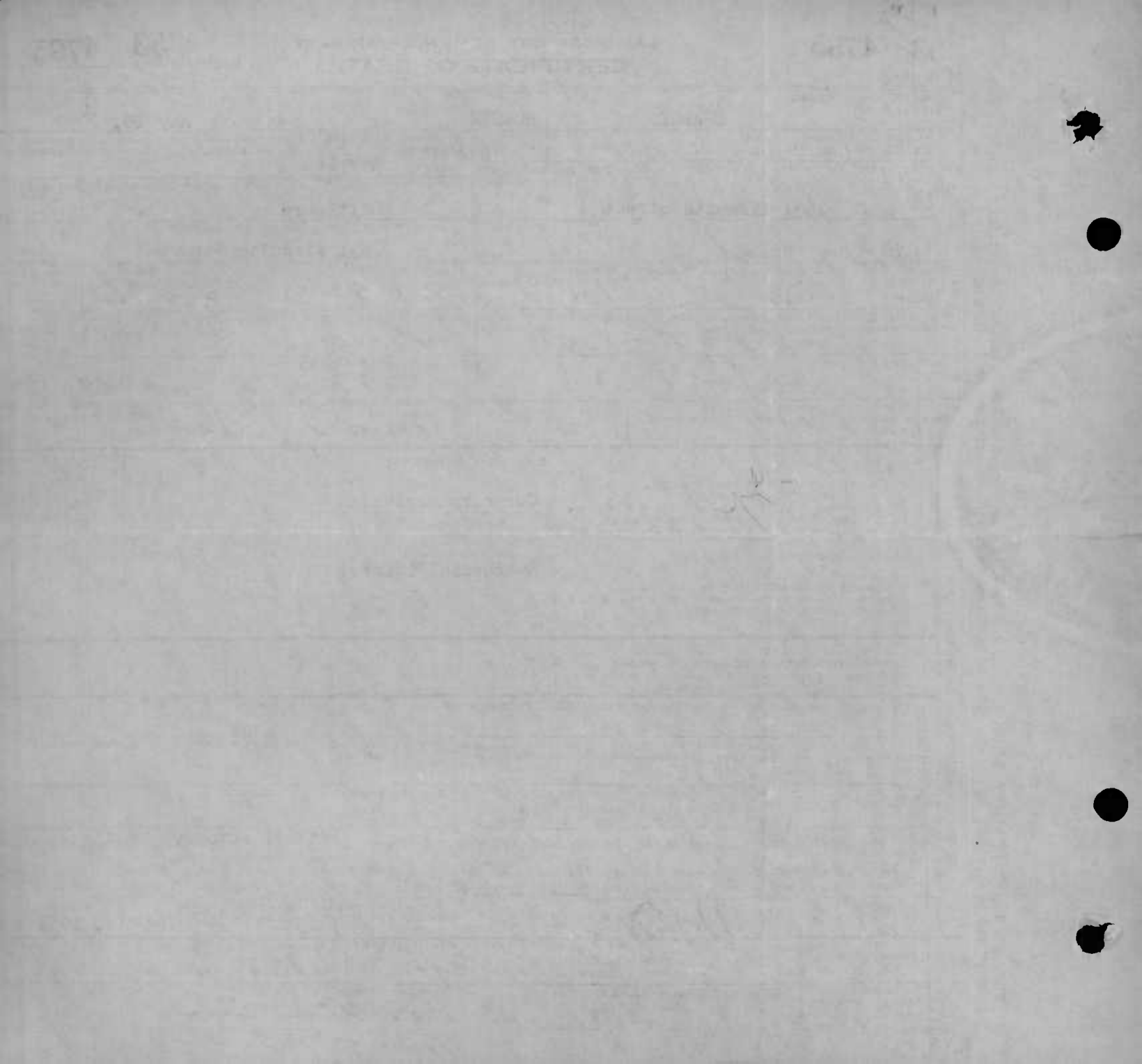
VS 151

541 50

130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4766

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (if not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 446x and E 903.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

right hip

Fracture

IDENTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

May 8, 1953

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

Slipped and fell on the street

22. I hereby certify that I attended the deceased from May 15, 1953 to May 17, 1953 that I last saw the
deceased alive on May 17, 1953, and that death occurred at 10:35 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

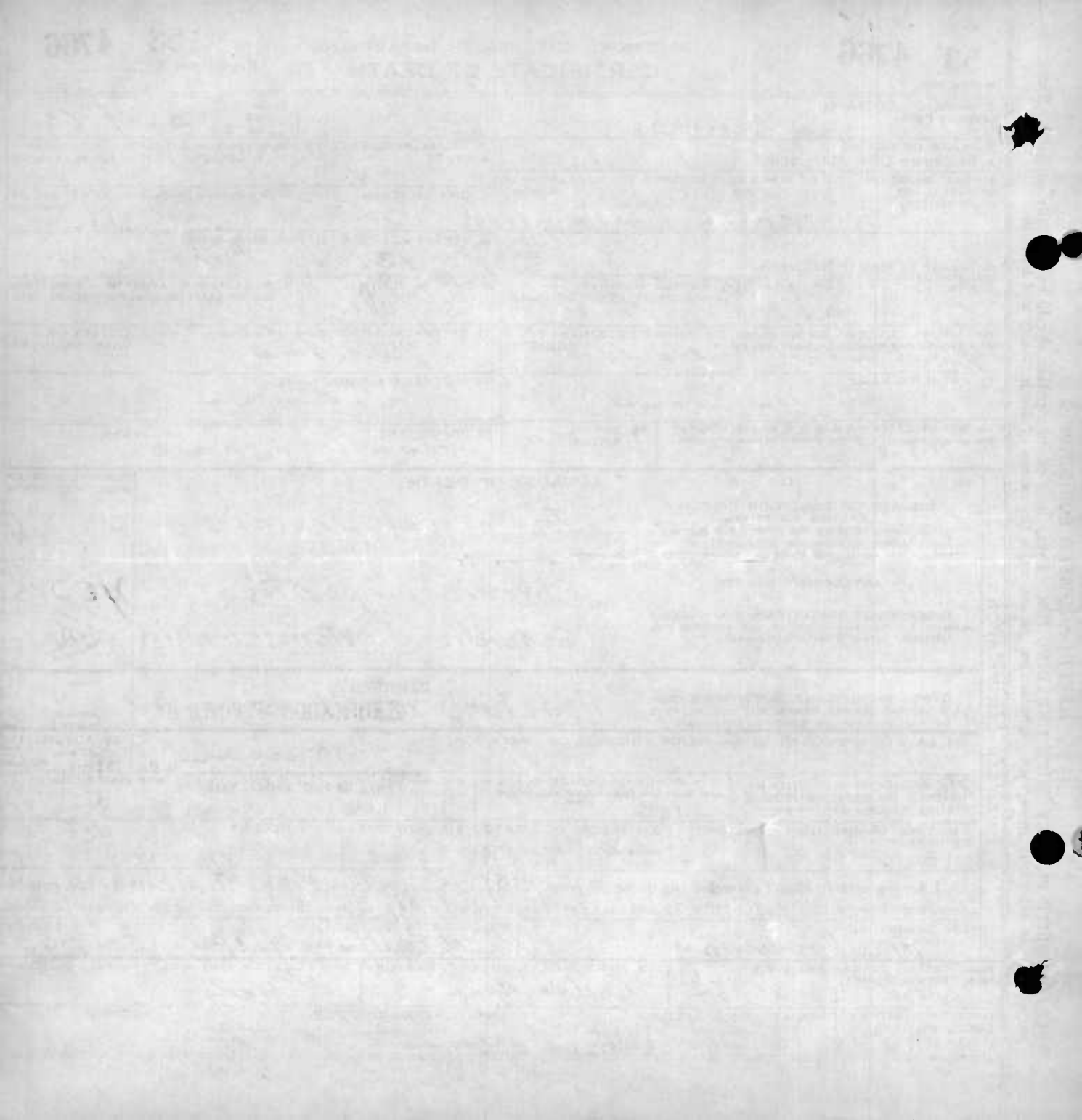
25. FUNERAL DIRECTOR

ADDRESS

VS 150

N820.0

130 E. Foss Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620-
53 4767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4767
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM DWIGHT BURROUGHS

2. DATE
OF
DEATH

May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3703 Gwynn Oak Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3703 Gwynn Oak Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 19, 1871

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Editor (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Newspaper

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Alexander Burroughs

14. MOTHER'S MAIDEN NAME

Elizabeth Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Paul Davis-409 Carolina Rd., Towson

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1936 to May 18, 1953, that I last saw the
deceased alive on May 17, 1953, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chamber

M. D.

23B. ADDRESS

4108 Liberty Hts. A

23C. DATE SIGNED

5/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/20/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. J. Vignone & Sons

ADDRESS

Balto., Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4768
Registered No.

53 4768
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM MALONE BASKERVILL			2. DATE OF DEATH 18 May 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3917 Juniper Rd.		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH 1 Feb 1888		9. AGE (In years, last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Publisher.		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (State or foreign country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME William M. Baskervill			14. MOTHER'S MAIDEN NAME Janie McTyeire		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Wm. Watson-167 Dumbarton Rd.		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

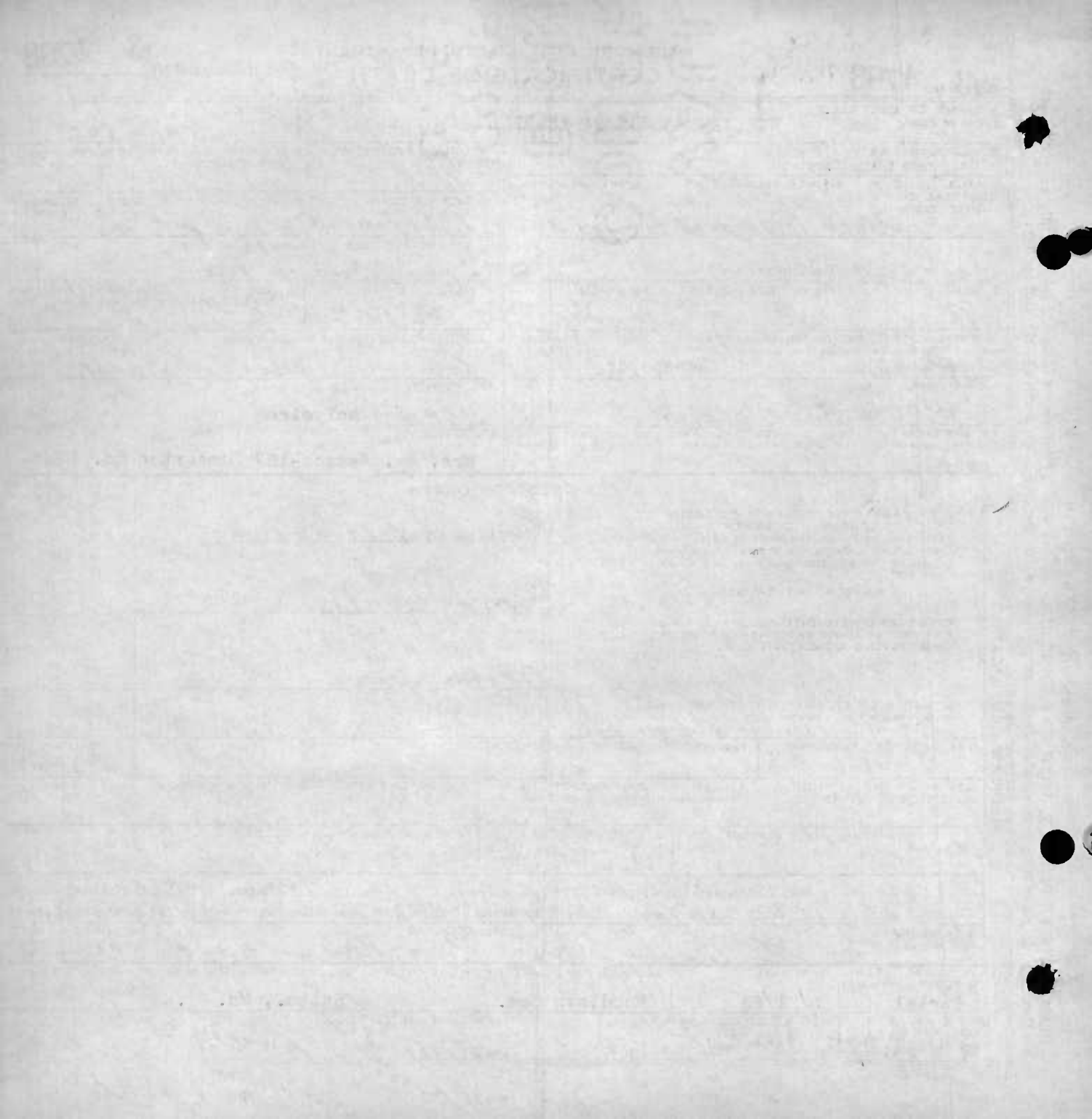
22. I hereby certify that I attended the deceased from **6 May**, 1953, to **18 May**, 1953, that I last saw the deceased alive on **18 May**, 1953, and that death occurred at **9:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Thos. A. Moulton M.D.	23B. ADDRESS Union Memorial Hosp.	23C. DATE SIGNED 18 May 53.
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/21/53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.		

DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Tiekener & Sons	ADDRESS Balto. 17, Md.
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VS 150
290 4M

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4769

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA CLARK HART

2. DATE
OF
DEATH May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 109 S. Highland Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

109 S. Highland Ave.

c. Length of stay in Baltimore

Lifetime

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Oct. 3, 1869

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
At home10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Knorr

14. MOTHER'S MAIDEN NAME

Caroline Leach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.16. SOCIAL
SECURITY NO.
---17. INFORMANT ADDRESS
Mrs. Wm. Gladic 109 S. Highland Ave-2418. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

about 8 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-vascular Disease

about 5 yrs

DUE TO

(C) old age

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from March, 1947, to May, 1953, that I last saw the
deceased alive on May 16, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

516 Cathedral Street

May 19, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

May 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Colgate, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. Ulrich Funeral Home 2008 Orleans St.

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4770

Registered No. _____

53 4770
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emma Smith</i>			2. DATE OF DEATH <i>5-18-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>725 Dolphin St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>11-03</i>		
c. Length of stay in Baltimore Yrs. <i>7</i> Mos. <i>C.</i> Days <i>22</i>			D. STREET ADDRESS (If rural, give location) <i>725 Dolphin St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Sept. 10, 1886</i>	9. AGE (in years last birthday) <i>66</i>	10. Under 1 Year Months: <i>6</i> Days: <i>6</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13. FATHER'S NAME <i>Harry Bome</i>		14. MOTHER'S MAIDEN NAME <i>Mary Saunders</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Marula Smith</i>	
18. <i>422.2</i>		19. <i>1</i>		20. ADDRESS <i>725 Dolphin</i>	

18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic myocarditis</i>			CAUSE OF DEATH (A) <i>Chronic myocarditis</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>-</i> DUE TO (C) <i>-</i>								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>-</i>								
19A. DATE OF OPERATION <i>5-23-53</i>			19B. MAJOR FINDINGS OF OPERATION <i>Rural Mt. Auburn</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Balto City</i>			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>May 17, 1953</i>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? <i>1011 N. Arlington Ave</i>		
22. I hereby certify that I attended the deceased from <i>May 4, 1953</i> to <i>May 18, 1953</i> , that I last saw the deceased alive on <i>May 17, 1953</i> , and that death occurred at <i>4:00 p.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>C. Campbell</i>			23B. ADDRESS <i>718 Dolphin St.</i>			23C. DATE SIGNED <i>5-19-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>5-23-53</i>			24B. DATE <i>5-23-53</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>		
24D. LOCATION (City, town, or county) <i>Balto City</i>			24E. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr.</i>			24F. ADDRESS <i>1011 N. Arlington Ave</i>		

35 4770

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1770

Name of deceased		Sex		Age	
Date of death		Time of death		Place of death	
Cause of death		Manner of death		Occupation	
Signature of physician		Signature of registrar		Signature of informant	

Signature of physician		Signature of registrar		Signature of informant	
Signature of physician		Signature of registrar		Signature of informant	
Signature of physician		Signature of registrar		Signature of informant	

Signature of physician		Signature of registrar		Signature of informant	
Signature of physician		Signature of registrar		Signature of informant	
Signature of physician		Signature of registrar		Signature of informant	

Signature of physician		Signature of registrar		Signature of informant	
Signature of physician		Signature of registrar		Signature of informant	
Signature of physician		Signature of registrar		Signature of informant	

53 4771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4771
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VERONICA WASZKIEWICZ

2. DATE
OF
DEATH May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1220 Southview Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

1220 Southview Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 1, 1880

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Vincent Jaskulski

14. MOTHER'S MAIDEN NAME

Mary Rynarzewska

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT ADDRESS
Mr. Teofil Waszkiewicz, 1220 Southview Road

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Cardiac dilatation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiac Decompensation

DUE TO

(C)

Myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1953, to May 18, 1953, that I last saw the
deceased alive on May 18, 1953, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. MacKinnon

23B. ADDRESS

2900 E. Baltimore St.

23C. DATE SIGNED

May 19, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/21/53

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, County, State)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE

ADDRESS

Charles D. Sadowski

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4772
Registered No. **53 4772**

B-400
53 4772
BIRTH NO.

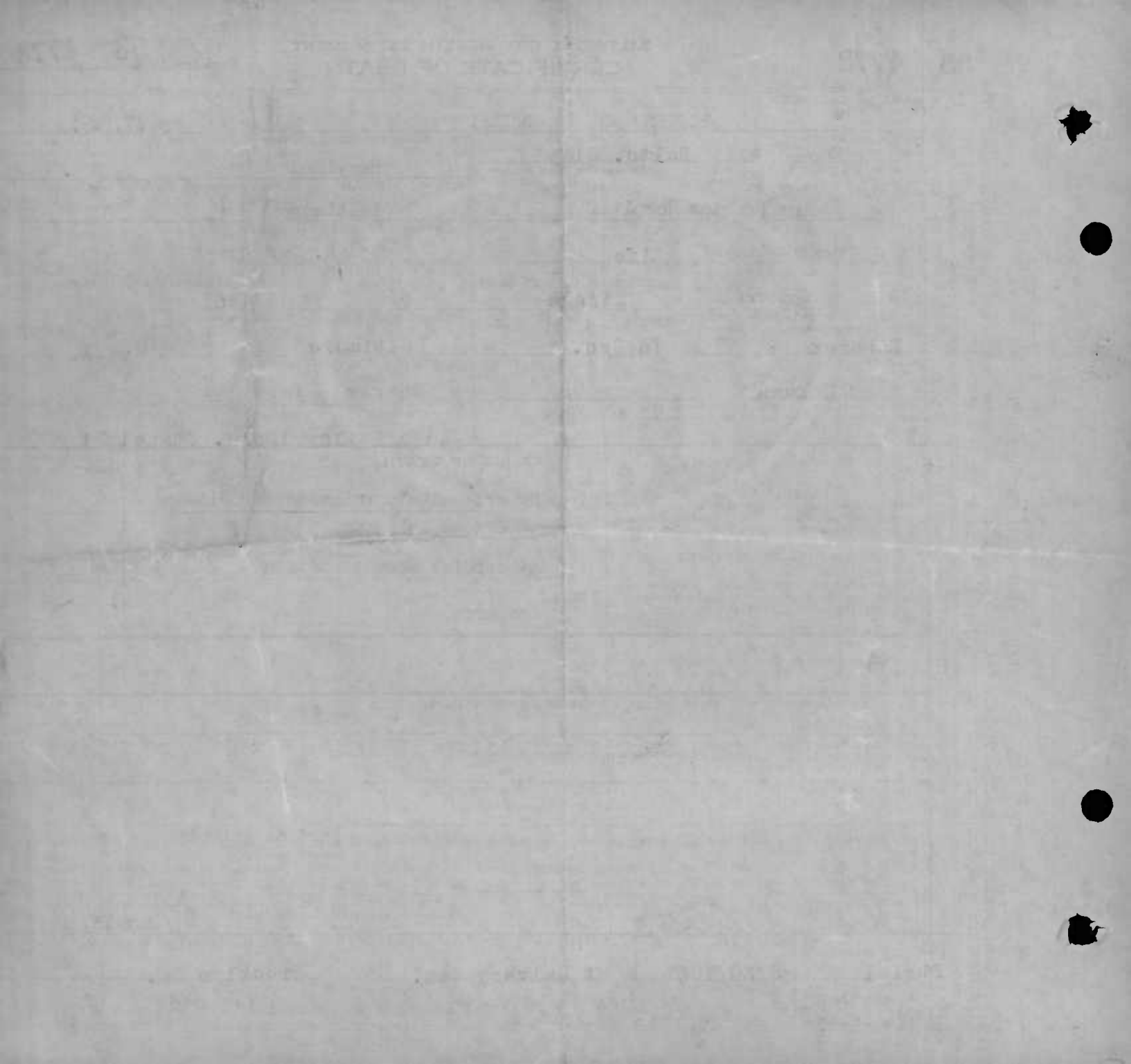
1. NAME OF DECEASED (Type or Print)		BOOKER BAILEY		2. DATE OF DEATH May 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write C.R.A.L. and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 754 N. Gay Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ?	9. AGE (in years last birthday) 35	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In Gen.		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Carrie Pack		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS James Bailey 135 N. Chapel St	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial decompensation		
(C) Anasarca		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 18, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/20/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Elroy O. Wilson</i> ADDRESS <i>1001 Brantley</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-170358

 53-520
 4773
 BIRTH NO.

 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 53 4773

1. NAME OF DECEASED (Type or Print)		Mary Jones		2. DATE OF DEATH		May 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN Maryland Baltimore			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 1526 E. Pratt St. #31			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 11, 1925	9. AGE (In years last birthday) 27	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Jones				14. MOTHER'S MAIDEN NAME Mary Stevens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. 4940 Eastern Ave. (records)		ADDRESS	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis CAUSE OF DEATH Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 4 yrs.							
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-14, 1953 to 5-18, 1953, that I last saw the deceased alive on 5-18, 1953, and that death occurred at 5:45A m., from the causes and on the date stated above.							
23A. SIGNATURE H. Palmer				23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 5-18-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/21/53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cms		24D. LOCATION (City, town, or county) (State) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Chas. O. Wilson		ADDRESS 1000 Brantley	

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100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4774F534
53 4774

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis B. ENDLICH

2. DATE
OF
DEATH

May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2917 EROMAN AVE #13

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE (MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
220-14-3727

17. INFORMANT

ADDRESS

18.

4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-18, 1953, to 5-18, 1953, that I last saw the
deceased alive on 5-18, 1953, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4775**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Charles Smith

 2. DATE
OF
DEATH

May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1818 North Collington Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE B. COUNTY

Maryland 8-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1818 North Collington Ave

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed, Divorced (Specify)

Widowed

8. DATE OF BIRTH

Mar. 1, 1863

9. AGE (In years last birthday)

90

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Soldier

10B. KIND OF BUSINESS OR INDUSTRY

Natl. Can Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Smith

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

220-01-2238

17. INFORMANT

Jennie Smith - 1818 N. Collington Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Anteriorly caused by pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 June, 1946, to 18 May, 1953, that I last saw the deceased alive on 18 May, 1953, and that death occurred at 9 p. m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

1813 N. McKim Ave

23C. DATE SIGNED

19 May 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1953

Huntington Williams, John C. Nellis Inc. - 2431 E. Ohio St.

1713

1713

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1713



53 4776

D-500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4776
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dunn, Thomas Scott.

2. DATE
OF
DEATH

19 May 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore.

9-02

D. STREET ADDRESS (If rural, give location)

4026 Hillen Rd. #18

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 21-1893

9. AGE (In years,
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Policeman

10B. KIND OF BUSINESS OR
INDUSTRY

Police CAPT

11. BIRTHPLACE (State or foreign country)

New York.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Thomas J. DUNN

14. MOTHER'S MAIDEN NAME

Charlotte Edward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fredrick T. Dunn. 4026 Hillen Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarct

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arteriosclerosis

Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 pm 19 May 1953, to 8:10 pm 19 May 1953, that I last saw the
deceased alive on 19 May, 1953, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thos. G.E. Mouley

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

19 May 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 22-1953

24C. NAME OF CEMETERY OR CREMATORY

BALTO NATIONAL

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Luck

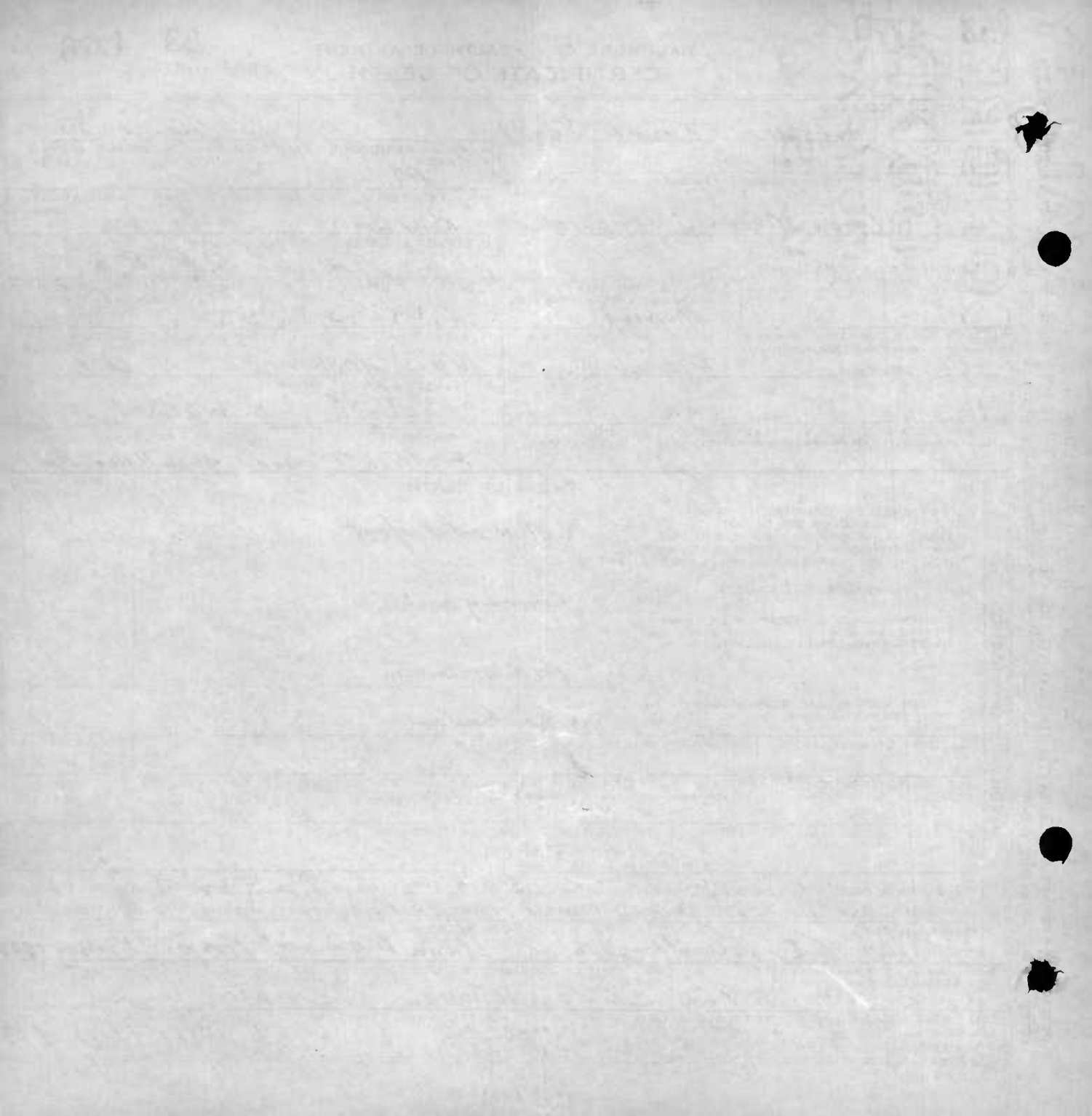
ADDRESS

5305 Harford Rd

VS 150

773 93

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4777
S-160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4777
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Schafer, Christian			May 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital						C. CITY OR TOWN Baltimore		
C. Length of stay in Baltimore Life						D. STREET ADDRESS (If rural, give location) 1702 Castle Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 26, 1899		9. AGE (In years last birthday) 53	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer			10B. KIND OF BUSINESS OR INDUSTRY Simpson-Doeller Printing			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Henry Schafer						14. MOTHER'S MAIDEN NAME Henrietta Scheiber		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 212-07-5861			17. INFORMANT 1702 Castle Street-13 Mrs. Mildred E. Schafer		

MEDICAL CERTIFICATION

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) Arteriosclerosis, generalized DUE TO and (C) Arterial hypertension		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 18, 1953, to May 18, 1953 that I last saw the deceased alive on May 18, 1953, and that death occurred at 3:00 pm., from the causes and on the date stated above.				
23A. SIGNATURE A. Carinelli		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED May 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/21/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	ADDRESS Searcy P. Sander
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51244

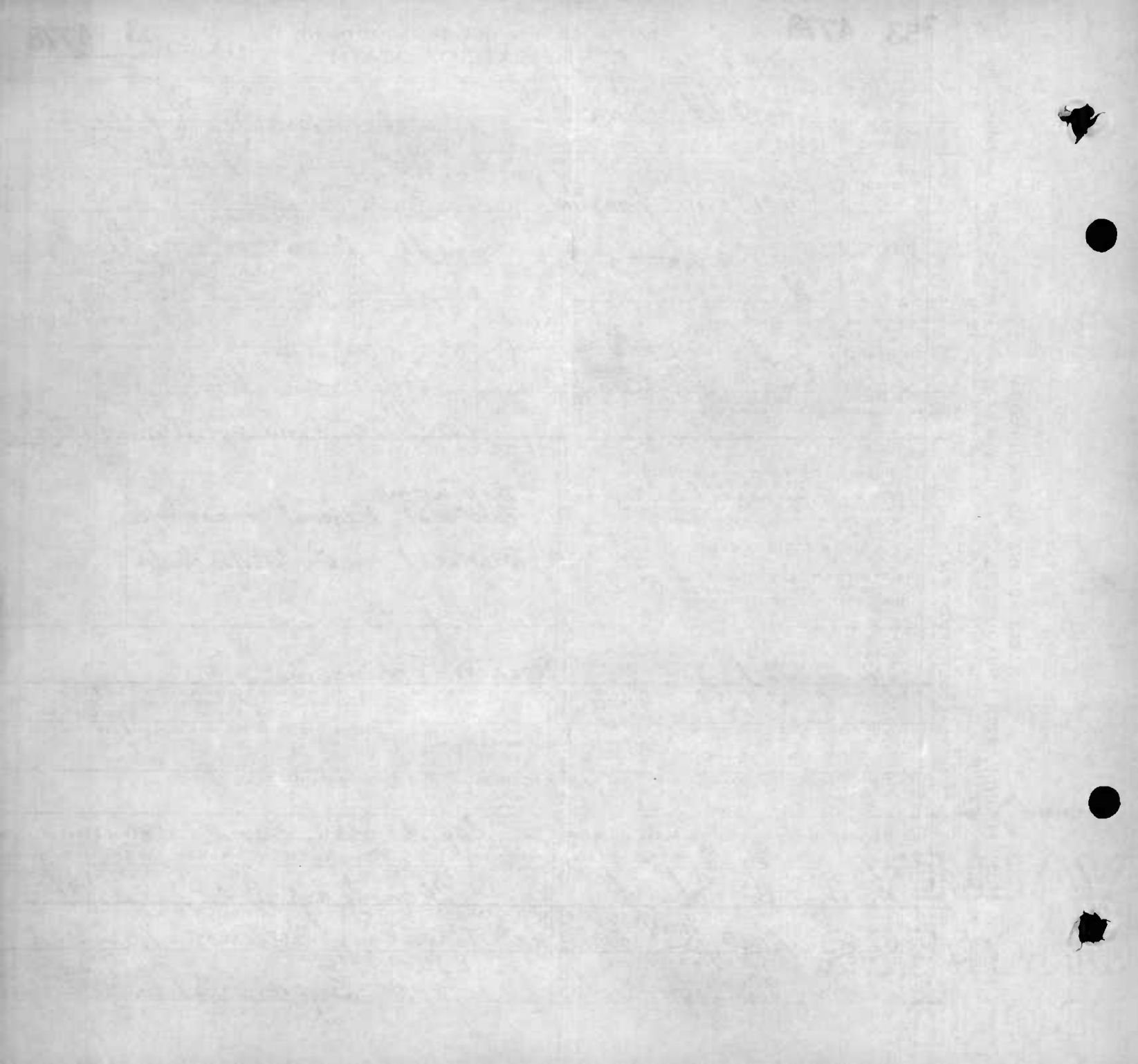
STATEMENT OF DEATH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. Signature of informant		14. Signature of registrar		15. Signature of physician	
16. Name of registrar		17. Address of registrar		18. Signature of registrar		19. Signature of physician		20. Signature of informant	
21. Name of physician		22. Address of physician		23. Signature of physician		24. Signature of registrar		25. Signature of informant	
26. Name of informant		27. Address of informant		28. Signature of informant		29. Signature of registrar		30. Signature of physician	
31. Name of registrar		32. Address of registrar		33. Signature of registrar		34. Signature of physician		35. Signature of informant	
36. Name of physician		37. Address of physician		38. Signature of physician		39. Signature of registrar		40. Signature of informant	
41. Name of informant		42. Address of informant		43. Signature of informant		44. Signature of registrar		45. Signature of physician	
46. Name of registrar		47. Address of registrar		48. Signature of registrar		49. Signature of physician		50. Signature of informant	
51. Name of physician		52. Address of physician		53. Signature of physician		54. Signature of registrar		55. Signature of informant	
56. Name of informant		57. Address of informant		58. Signature of informant		59. Signature of registrar		60. Signature of physician	
61. Name of registrar		62. Address of registrar		63. Signature of registrar		64. Signature of physician		65. Signature of informant	
66. Name of physician		67. Address of physician		68. Signature of physician		69. Signature of registrar		70. Signature of informant	
71. Name of informant		72. Address of informant		73. Signature of informant		74. Signature of registrar		75. Signature of physician	
76. Name of registrar		77. Address of registrar		78. Signature of registrar		79. Signature of physician		80. Signature of informant	
81. Name of physician		82. Address of physician		83. Signature of physician		84. Signature of registrar		85. Signature of informant	
86. Name of informant		87. Address of informant		88. Signature of informant		89. Signature of registrar		90. Signature of physician	
91. Name of registrar		92. Address of registrar		93. Signature of registrar		94. Signature of physician		95. Signature of informant	
96. Name of physician		97. Address of physician		98. Signature of physician		99. Signature of registrar		100. Signature of informant	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4778		BALTIMORE CITY HEALTH DEPARTMENT		53 4778	
BIRTH NO. R-53453-09734		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>Ronald Randall</i>			2. DATE OF DEATH <i>May 18, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balt.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 29-31</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>5118 Reisterstown Road</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>April 28, 1953</i>	9. AGE (in years last birthday) <i>0 20</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		
13. FATHER'S NAME <i>Gilbert L. Randall</i>			14. MOTHER'S MAIDEN NAME <i>Eugenia Mulligan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mr. Gilbert Randall</i>			ADDRESS <i>5118 Reisterstown Rd.</i>		
18. <i>391.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) <i>Septicemia</i> DUE TO <i>Bilateral Adrenal Hemorrhages</i>		
			(B) <i>Bilateral Acute Otitis Media</i> DUE TO		
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Basilar Pneumonitis</i>					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>May 18, 1953</i> , to <i>May 18, 1953</i> that I last saw the deceased alive on <i>May 18, 1953</i> and that death occurred at <i>8:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles B. Adams Jr.</i>		23B. ADDRESS <i>Thurmont Prop Bolt 1</i>		23C. DATE SIGNED <i>5/19/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 21/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto Nat. Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Maryland</i>		24E. LOCATION (State) <i>Maryland</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Loring Byers</i>	
				ADDRESS <i>500 Pk. Heights</i>	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 4779

53 4779 53-11658

1. NAME OF DECEASED
(Type or Print)

Baby Girl Buchta

2. DATE
OF
DEATH

5/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE before admission)
B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)
13-07

D. STREET ADDRESS (If rural, give location)

3926 Elm Ave #11

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

5/15/53

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

WM N. BUCHTA

14. MOTHER'S MAIDEN NAME

Agnes SATTERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

AGNES BUCHTA - 3926 ELM AVE

18.

763.5

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

② Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

① Aspiration pneumonia

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1953, to 5/20, 1953, that I last saw the
deceased alive on 5/20, 1953, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Franklin L. Keller

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

5/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1953

VS 150

Burial May 21/53 New Cathedral Old Frederick Rd Md
Huntington Williams, Jr. Austin E. Donovan-3818 Roland Ave.

1951

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1951

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **53 4780**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carleton L. Barrett

2. DATE
OF
DEATH

MAY 20/1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
a. STATE b. COUNTY

Whiteford, Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Whiteford, Md

d. STREET ADDRESS (If rural, give location)
6200

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAY 15, 1905

9. AGE (In years, last birthday)

47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Edgewood Arsenal

10b. KIND OF BUSINESS OR INDUSTRY

Same.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Nelson Barrett (m)

14. MOTHER'S MAIDEN NAME

ELLA HARMON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. Hazel E. Barrett (same)

ADDRESS

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *MYOCARDIAL INFARCTION*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *CORONARY OCCLUSION*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *ARTERIOSCLEROTIC HEART DISEASE*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *MAY 18*, 19*53*, to *MAY 20*, 19*53*, that I last saw the deceased alive on *MAY 20*, 19*53*, and that death occurred at *8:15* p.m., from the causes and on the date stated above.

23a. SIGNATURE

A. J. Regan

23b. ADDRESS

UNION MEMORIAL HOSP MAY 20, 1953

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

MAY 23, 1953

24c. NAME OF CEMETERY OR CREMATORY

SLATE RIDGE

24d. LOCATION (City, town, or county) (State)

DELTA, PA.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 21 1953

REGISTRAR'S SIGNATURE

Huntington, W. Va.

25. FUNERAL DIRECTOR

John H. Hordine, Delta, Pa.

ADDRESS

VS 150

690 4R

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1950

1951

1952

RECORDS OF THE

1953

1954



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4781

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) acute Coronary Occlusion
DUE TO Coronary atherosclerosis.
(B) Hypertension Cardiovascular
DUE TO Renal disease
(C)3 hrs.
10 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 3, 1941, to May 20, 1953, that I last saw the
deceased alive on May 20, 1953, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

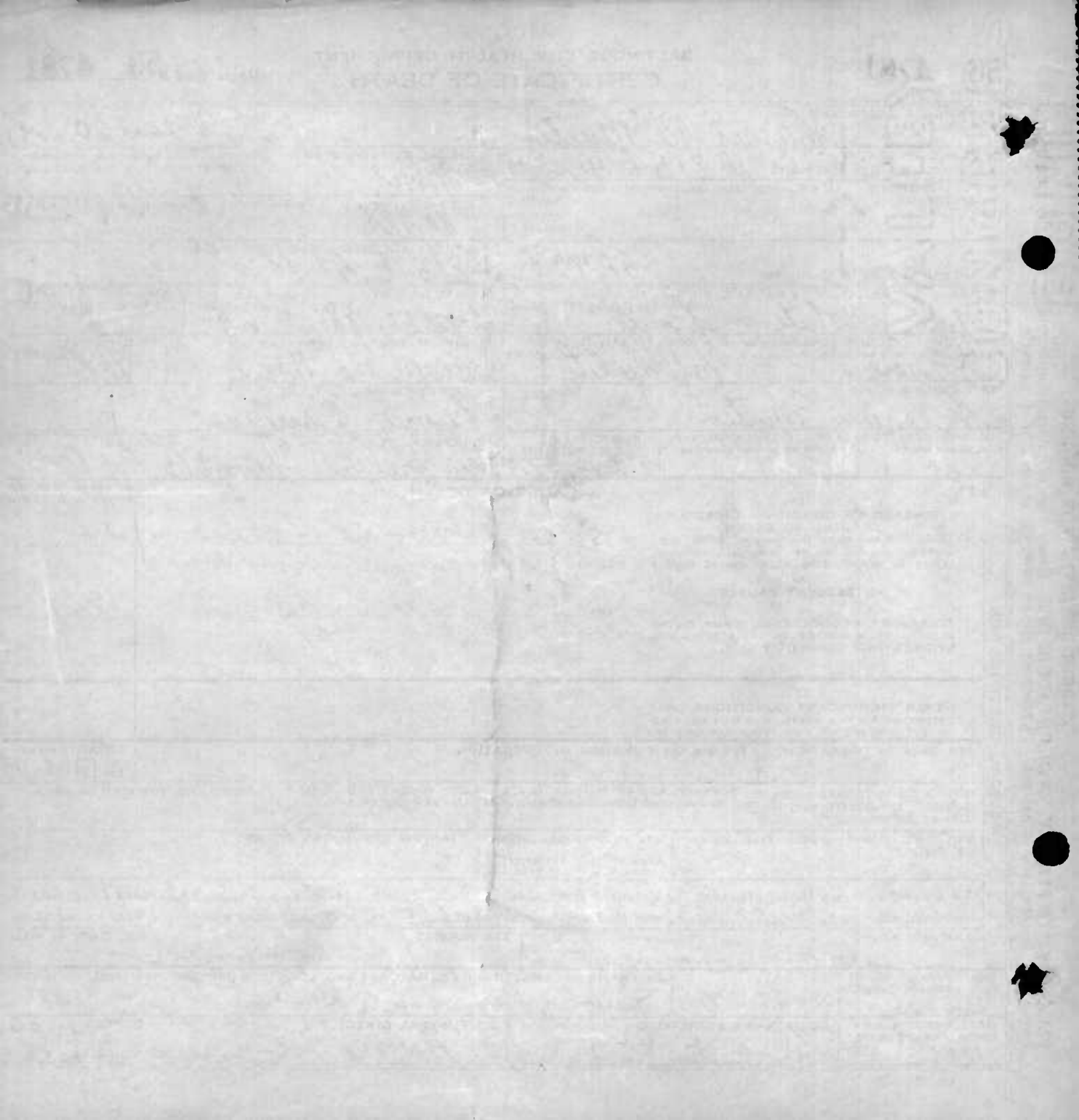
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4782
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRIS, CECILIA

2. DATE OF DEATH

5/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt 28 41

D. STREET ADDRESS (If rural, give location)

4403 Kennison

c. Length of stay in Baltimore

50

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Oscar

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Jacob Harris - 4403 Kennison Rd.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CVA

DUE TO

ANTECEDENT CAUSES

(B)

HASCVD

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1953, to 5/20, 1953, that I last saw the deceased alive on 5/20, 1953, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Smoller

23B. ADDRESS

714 N. Broadway

23C. DATE SIGNED

5/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Washington Ref

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

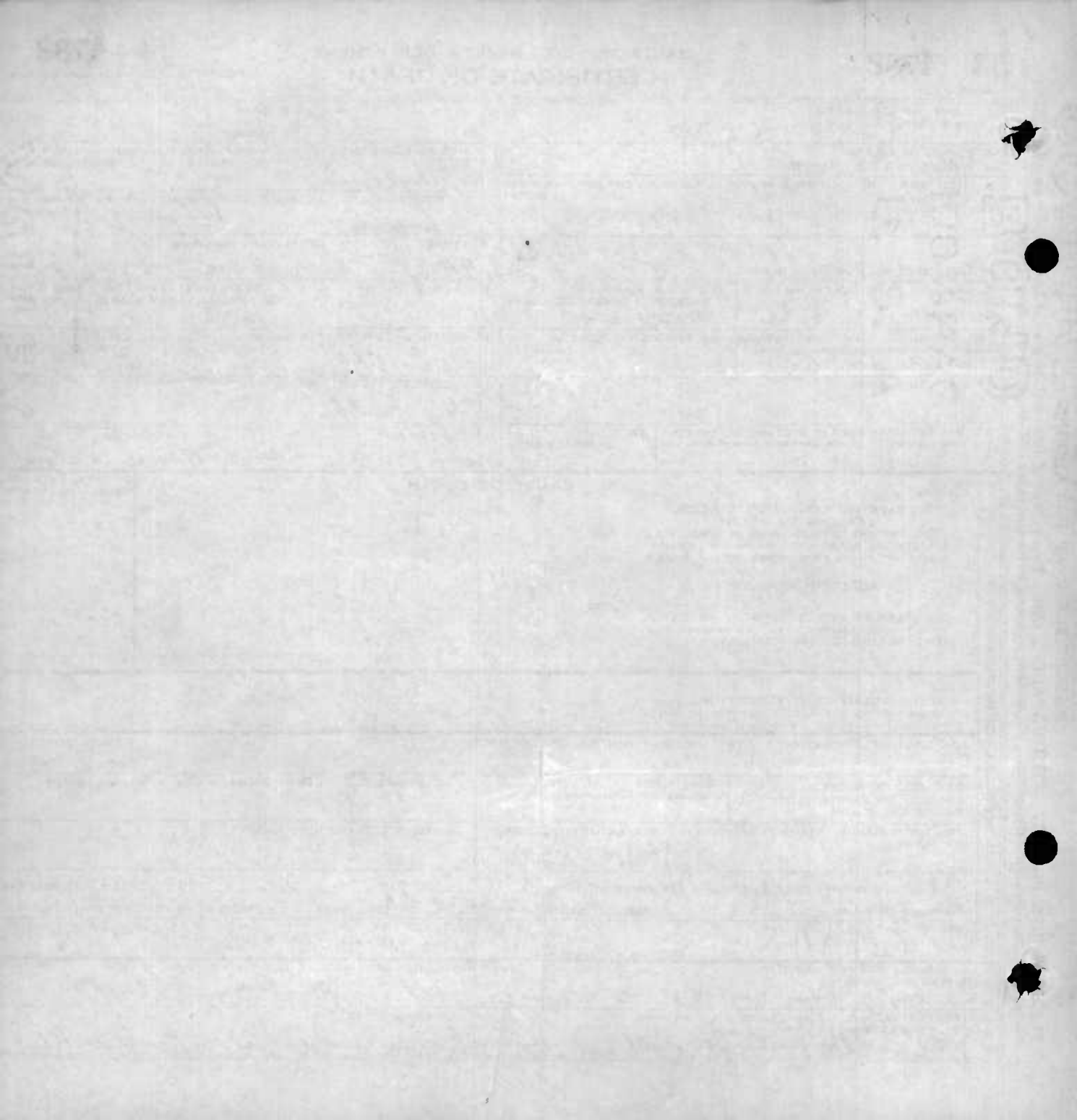
Washington Williams

25. FUNERAL DIRECTOR

Michael Lewis

ADDRESS

2100 Eutan Pl.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4783

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mr. Eugene Bluth

2. DATE
OF
DEATH

5-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Levendale

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Levendale

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Woolens

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Arteriosclerosis

years

(C)

General Arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1948, to May 20, 1953, that I last saw the
deceased alive on 5-20, 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jerome J. Blumens

Levendale Home

5-20-53

24A. BURIAL, CRENA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1953

Huntington Williams, M.D.

Jack Lewis Co 2100 Canton Rd

1870

1871

1872

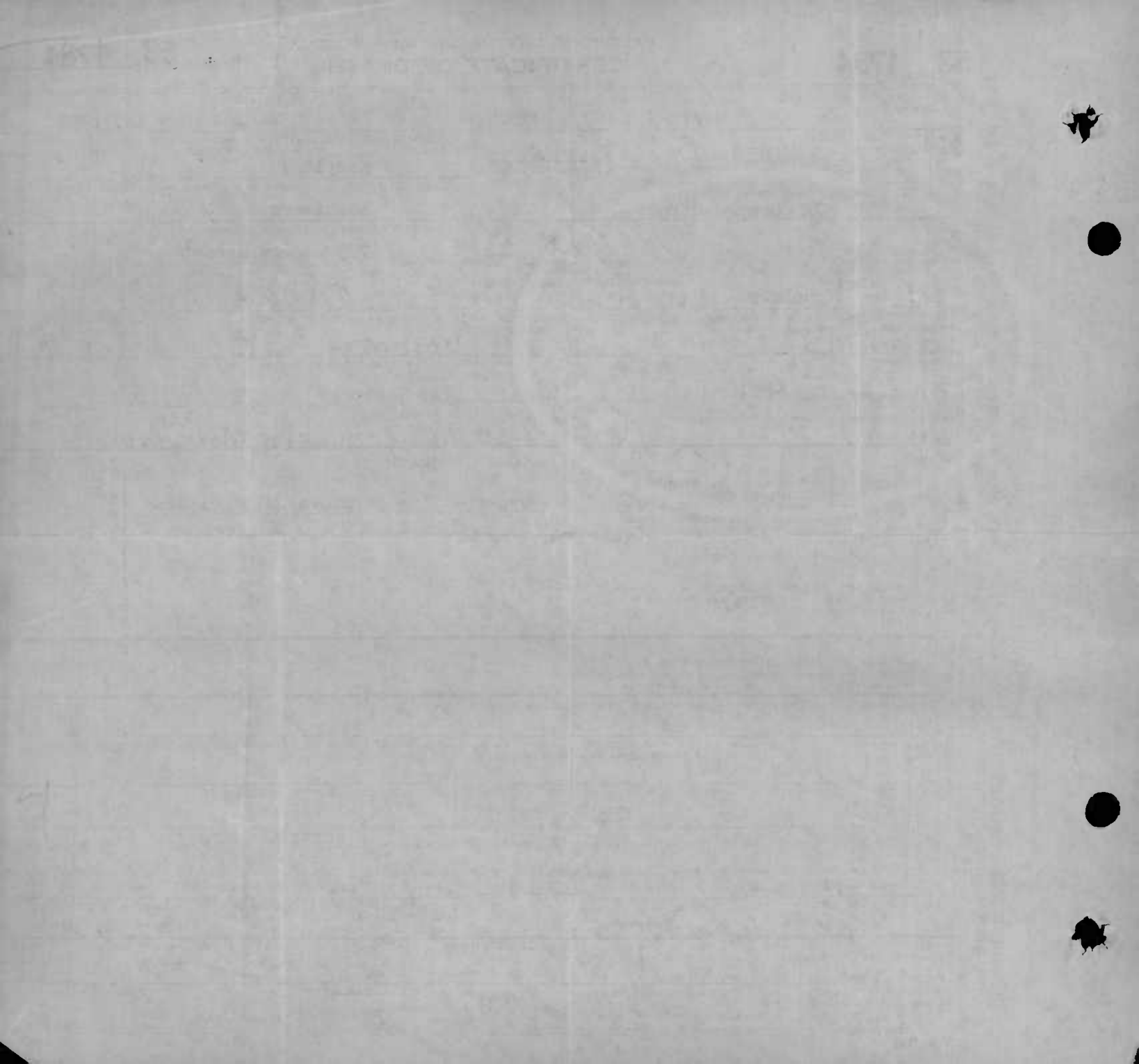
1873



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department Certificate of Death				Registered No. <u>53 4784</u>	
1. NAME OF DECEASED (Type or Print) <u>WATERS</u> <u>MORMAN</u>			2. DATE OF DEATH <u>May 18, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>17-03</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>723 George Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>723 George Street</u>					
c. Length of stay in Baltimore <u>12</u> Yrs. Mos. Days					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-?-88</u>	9. AGE (in years last birthday) <u>64</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>B.O.R.R.</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>UNION. S. C.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>WAITER T. MORMON. S. C.</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>UNKNOWN.</u>			16. SOCIAL SECURITY NO. <u>719-03-3488</u>		
17. INFORMANT <u>SALLIE HUBBARD MORMON. GEORGE. ST</u>			18. ADDRESS		
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hypertensive cardiovascular disease</u> DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
19. DATE OF OPERATION			19A. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour)		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William Updegraff</u>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED <u>May 18, 1953</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5-21-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem. Balt.</u>		24D. LOCATION (City, town, or county) (State) <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 21 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Wm. A. Jackson 916 Penn Ave.</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4785**BIRTH NO. **53 4785**1. NAME OF DECEASED
(Type or Print)**BABY GIRL GALCZYNSKI**2. DATE
OF
DEATH**MAY 20, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**MERCY HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1914 FLEET ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**S**

8. DATE OF BIRTH

MAY 20, 19539. AGE (in years
last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

2 2010A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES FRANCIS GALCZYNSKI

14. MOTHER'S MAIDEN NAME

STEPHANIE MALANOWSKI15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **761.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **RESPIRATORY FAILURE**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **ATELECTASIS, PNEUMONIA**

DUE TO

(C) **PROLONGED LABOR ANOXIA**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ? NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 20**, 19**53**, to **May 20**, 19**53**, that I last saw the
deceased alive on **May 20**, 19**53**, and that death occurred at **12:20** a.m., from the causes and on the date stated above.

23A. SIGNATURE

Martha Tirona - Certeza M.D.

23B. ADDRESS

Mersey Hospital

23C. DATE SIGNED

5-20-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

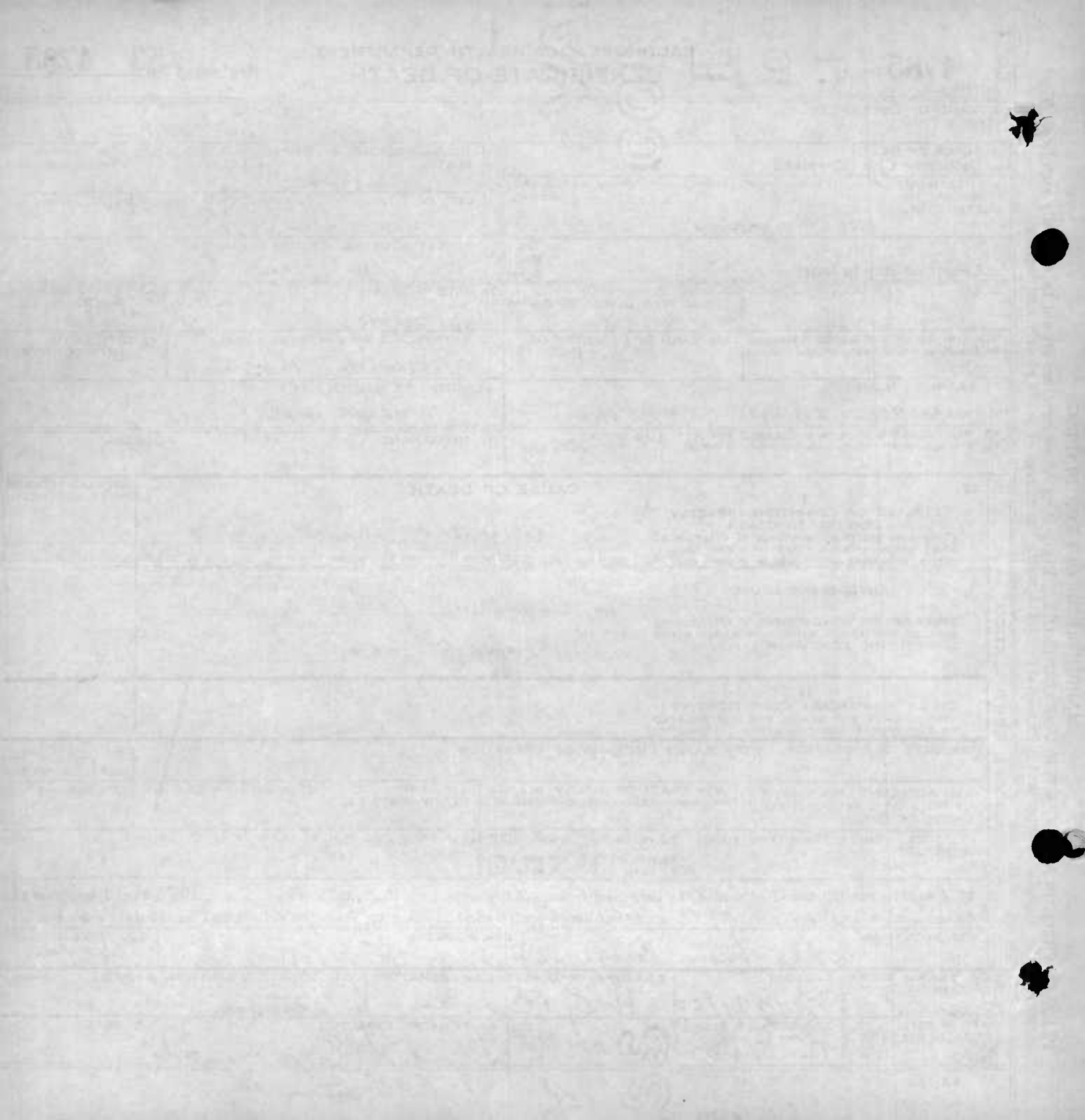
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 21 1953**Huntington Williams, M.D.****Fred W. Ozazowski**



K-200
53 4786BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4786
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Margaret F. Kehs.</i>	
2. DATE OF DEATH <i>May 19, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>	
4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>838 E. Fort Ave.</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto.</i> <i>24-02</i>	
D. STREET ADDRESS (If rural, give location) <i>838 E. Fort Ave.</i>	
c. Length of stay in Baltimore <i>Lifetime</i> Yrs. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 19, 1921</i>
9. AGE (in years last birthday) <i>31</i>	10. UNDER 1 Year Months Days
11. UNDER 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTH PLACE (State or foreign country) <i>Balto. Md.</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Andrew Johnston</i>	14. MOTHER'S MAIDEN NAME <i>Miss Helen Kehs.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT <i>Miss Helen Kehs.</i>	ADDRESS <i>838 E. Fort Ave.</i>
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Carcinomatosis</i> DUE TO <i>Carcinoma Breast</i> ANTECEDENT CAUSES (B) <i>Pleural Effusion</i> DUE TO <i>Carcinoma Throat</i> (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>March</i> , 1953, to <i>May 18</i> , 1953, that I last saw the deceased alive on <i>May 18</i> , 1953, and that death occurred at <i>11 a.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>X. Krulowitz</i>	23B. ADDRESS <i>400 X. Keltown St.</i>
23C. DATE SIGNED <i>5/21/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/22/53</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>May 21 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>
25. FUNERAL DIRECTOR <i>Charles F. Dill</i>	ADDRESS <i>1501 E. Fort Ave.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1886

23

Thy. 1886

Thy.

13th

738 - Fort Ave

738 - Fort Ave

Thy. 1886
Thy. 1886

Thy. 1886
Thy. 1886

Thy. 1886
Thy. 1886

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4787
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4787

1. NAME OF DECEASED (Type or Print) HARRY BERNARD TAYLOR			2. DATE OF DEATH 5-17-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 4-02		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 611 W. Lexington St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore Yrs. 4 Mos. 0 Days 2			D. STREET ADDRESS (If rural, give location) 611 W. Lexington St.		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 4, 1924	9. AGE (In years last birthday) 28	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Chauffeur			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTH PLACE (State or foreign country) Crow Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Eddie Taylor			14. MOTHER'S MAIDEN NAME Claudine Love		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W.II			16. SOCIAL SECURITY NO.		
17. INFORMANT Claudine Love			ADDRESS Box 247 Crow Va.		

18. **490X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

LOBAR PNEUMONIA

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

FATTY INFILTRATION OF LIVER
Epilepsy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ OR NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy (Rn)** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. P. Friedman

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **5-18-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/22/1953

Balto National

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

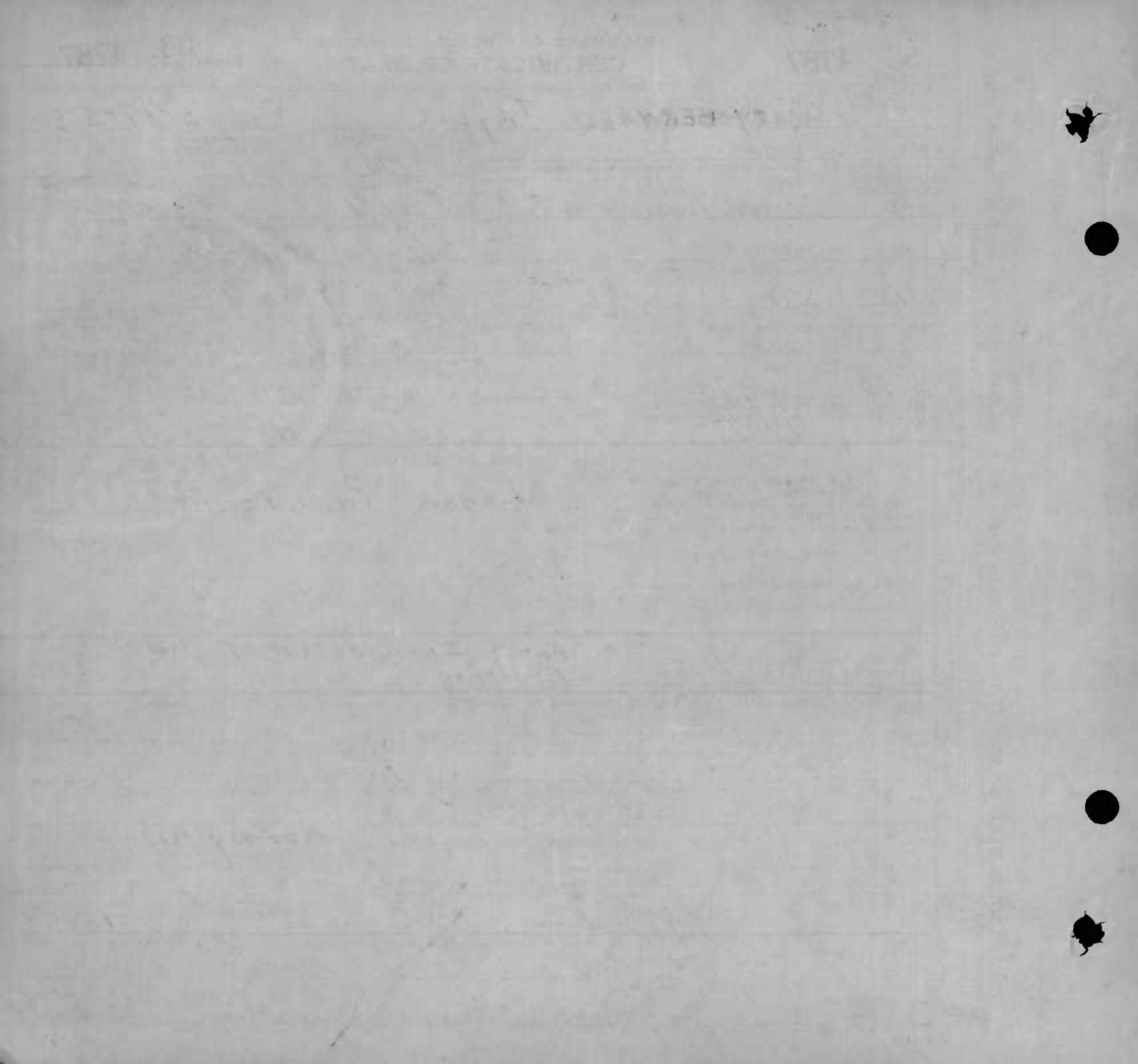
May 21 1953

Huntington Williams, M.D.

Mrs Katie R. Williams

Schroeder St.

322 N.



B-650

53 4788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE BROWN

2. DATE OF DEATH
May 18, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION
(not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-02D. STREET ADDRESS (If rural, give location)
1800 Presbury Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

April 9, 1892

9. AGE (In years, last birthday)

61

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Lottsburg Va.12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Charles Nelson

14. MOTHER'S MAIDEN NAME

Louise ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Samuel Brown - Presbury St. 800

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/22/1953

24C. NAME OF CEMETERY OR CREMATORY

Nelson Cemetery

24D. LOCATION (City, town, or county)

Lottsburg Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Harrington Williams, M.D.

25. FUNERAL DIRECTOR

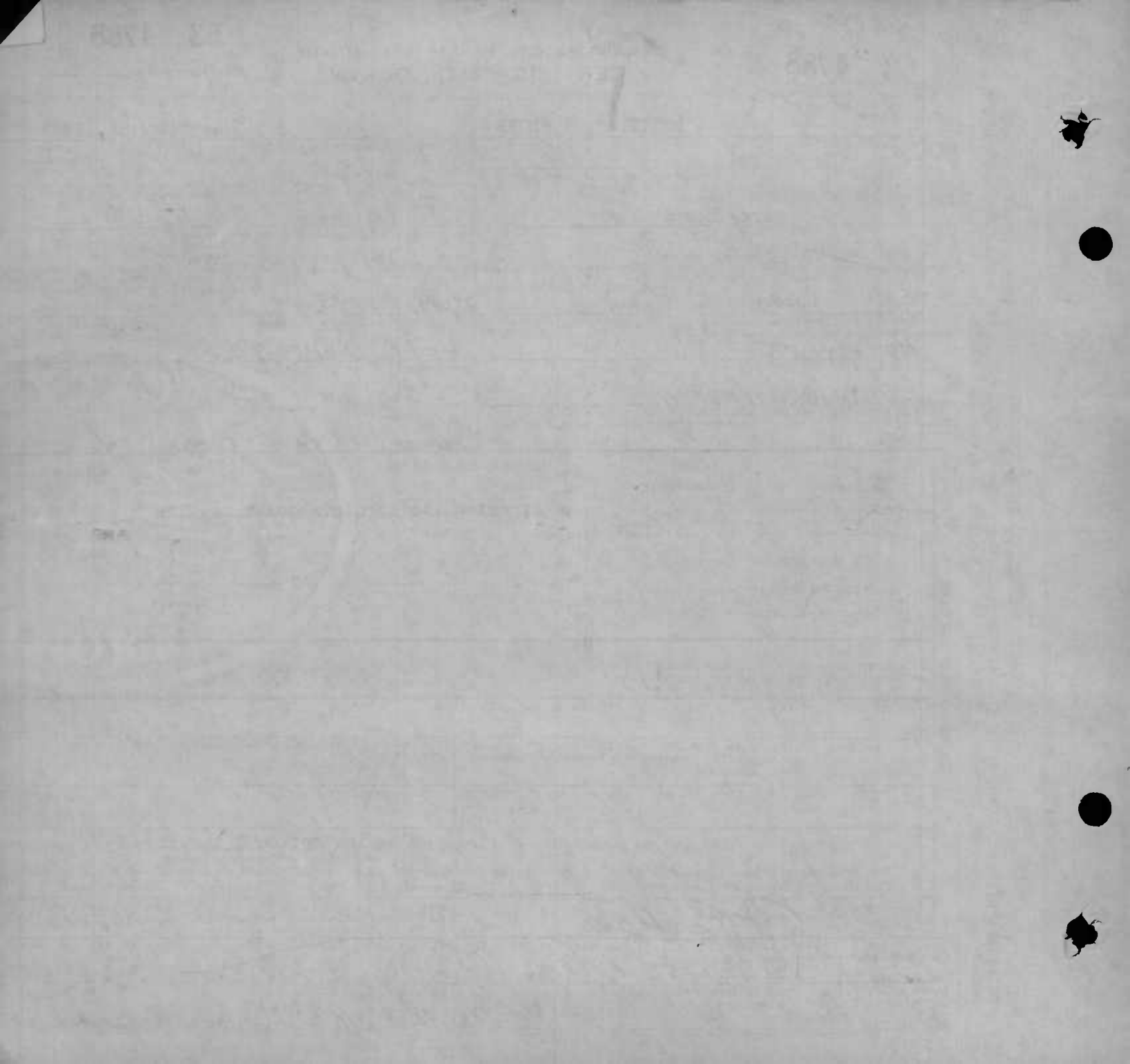
Mr. Kate R. Williams

ADDRESS

324 N. Schermer St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-160864

B-652
53 4789BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4789
Registered No.

BIRTH NO. 53 4789

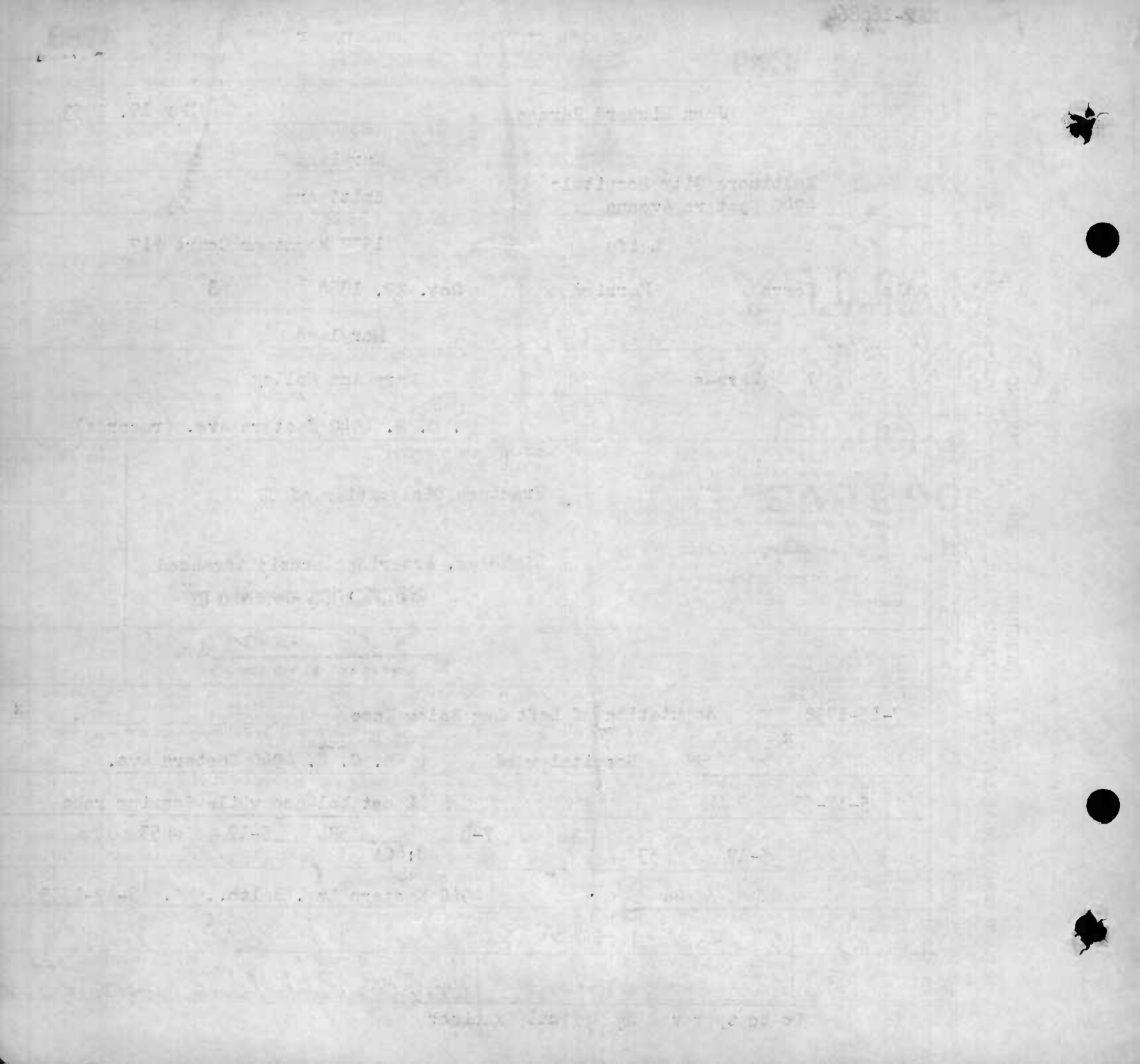
1. NAME OF DECEASED (Type or Print) John Richard Barnes			2. DATE OF DEATH May 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1532 Mountmor Court #17		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29, 1884	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washer			10B. KIND OF BUSINESS OR INDUSTRY Laundry		
13. FATHER'S NAME Barnes			14. MOTHER'S MAIDEN NAME Mary Ann Holley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)			ADDRESS		
18. E 902.7, and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture Dislocation of C7 DUE TO Diabetes, Arteriosclerosis Advanced ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY R. Fisher M.D. CHIEF OR ASST. MEDICAL EXAMINER					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 7-15-1952			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Amputation of Left Leg Below Knee		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input checked="" type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital ward		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-17-53 9 AM			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
21F. HOW DID INJURY OCCUR? Fell from bed			21G. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) B. C. H. 4940 Eastern Ave.		
22. I hereby certify that I attended the deceased from 7-8 , 19 52 to 5-19 , 19 53 that I last saw the deceased alive on 5-19 , 19 53 , and that death occurred at 8:40A m., from the causes and on the date stated above.			23A. SIGNATURE H. G. Johnson M. O.		
23B. ADDRESS 4940 Eastern Ave. Balto., Md.			23C. DATE SIGNED 5-19-1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE May 23, 1953		
24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cem			24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR May 21 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR Max R. Williams			ADDRESS 322 N. Schermerhorn St.		

VS 150

To be approved by Medical Examiner

N 805.0

643 8C



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4790BIRTH NO. 0-160
53 47901. NAME OF DECEASED
(Type or Print)Lewis C. Ophen2. DATE
OF
DEATHMay 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Md. B. COUNTY 18-02B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION1102 W. Mulberry St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Balto.

D. STREET ADDRESS (If rural, give location)

1102 W. Mulberry St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

Married

8. DATE OF BIRTH

May 18, 19069. AGE (in years
last birthday)57

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Laborer10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Madison Md.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Ben. Ophen

14. MOTHER'S MAIDEN NAME

Jennie ?15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

Lena Ophen

ADDRESS

1102 W. Mulberry St.18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATH1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1951, to 5-19, 1953 that I last saw the
deceased alive on 4-31, 1953 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Atwell Jones

M. D.

23B. ADDRESS

5-3-4 D. Olphin St.

23C. DATE SIGNED

5-21-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5/23/1953

24C. NAME OF CEMETERY OR CREMATORY

Malone Chapel

24D. LOCATION (City, town, or county)

Madison Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams

25. FUNERAL DIRECTOR

Miss Katie R. Williams

ADDRESS

322 N. Schroeder St.

VS 150

97099

1700

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

1700



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4791**

BIRTH NO.

53 47911. NAME OF DECEASED
(Type or Print)**ANNA REIMA**2. DATE
OF
DEATH**MAY 19/1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **6321 HUDSON ST**

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO**26-05**

D. STREET ADDRESS (If rural, give location)

6321 HUDSON ST

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**WIDOW**

8. DATE OF BIRTH

NOV 25 18799. AGE (In years
last birthday)**73**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND12. CITIZEN OF
WHAT COUNTRY?**U.S.A**

13. FATHER'S NAME

MR. WISIENSKI

14. MOTHER'S MAIDEN NAME

UNKNOWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
RAYMOND OCHAB 1924 ALICEANNA ST18. **44 3X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Hypertensive Arteriosclerosis C.V. SystemINTERVAL BETWEEN
ONSET AND DEATH**May 12/53**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Cerebral Hemorrhage**May 14/53**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 12, 1953**, to **May 19, 1953**, that I last saw the
deceased alive on **May 18, 1953**, and that death occurred at **10:50 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

E. Schimanek

M. D.

23B. ADDRESS

842 E. State

23C. DATE SIGNED

5-20-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL**MAY 23/53****ST. STANISLAUS CEM.****DUNDALK AVE MD.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

STEPHENG FIALKOWSKI, INC.

ADDRESS

1000 S. KENWOOD AVE**Marie E. Fialkowski**

1874 02

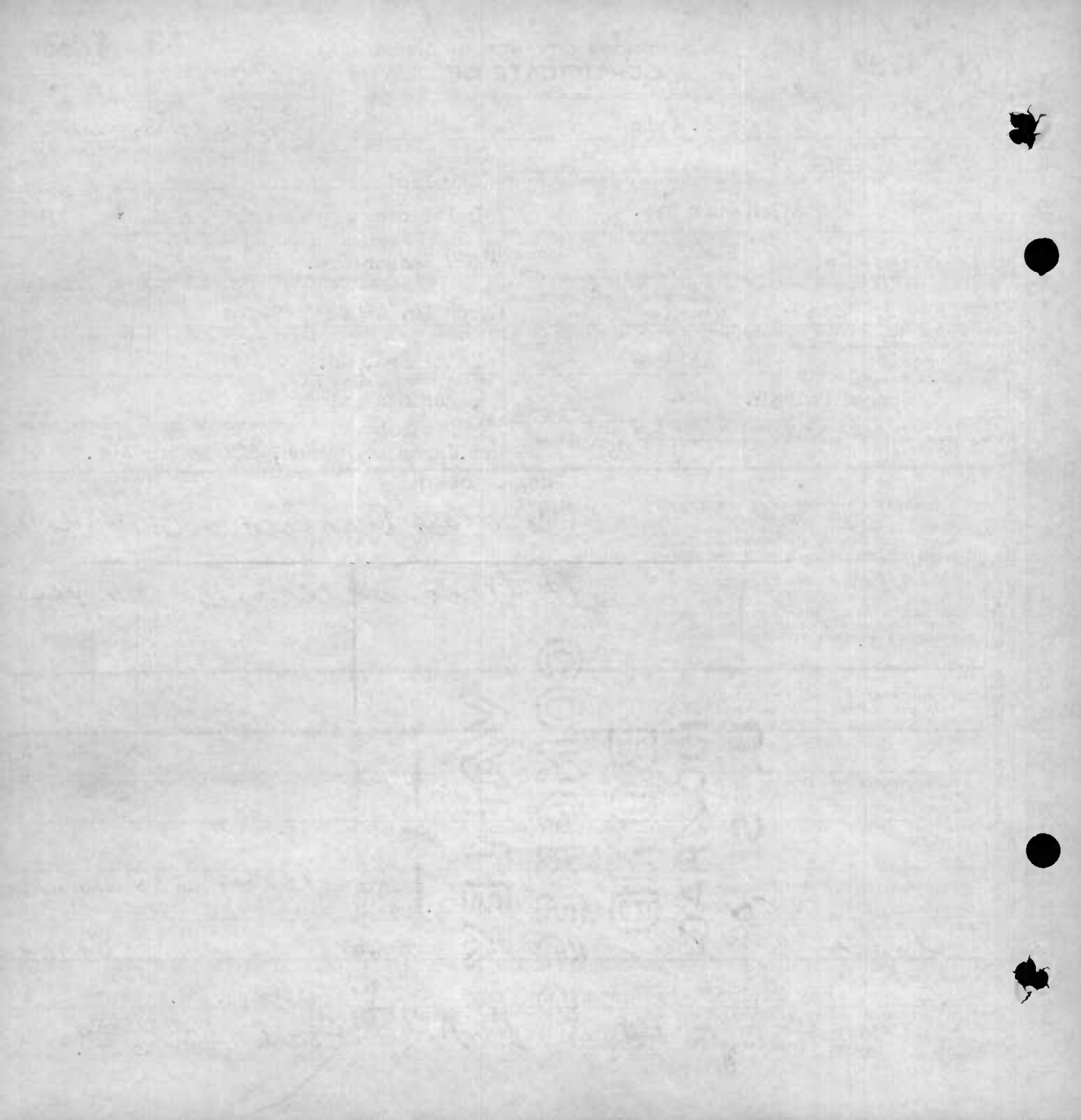
RECEIVED THE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1874 02



-410
53 4792BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4792
Registered No.

1. NAME OF DECEASED (Type or Print) Mary E. Culp			2. DATE OF DEATH May 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 627 Radnor Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 627 Radnor Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH March 16, 1864	9. AGE (In years last birthday) 89 yrs	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Conrad Holbein			14. MOTHER'S MAIDEN NAME Rosanna Palmer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mrs. James L. French, 627 Radnor Ave.		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cornary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 6 months 2 years		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from July , 1946, to 19 May , 1953 that I last saw the deceased alive on 19 May 1953 and that death occurred at 11.30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Charles H. Reis		23B. ADDRESS 6701 York Road		23C. DATE SIGNED 20 May 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 22, 1953	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR May 21 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Charles L. Amoreau	
				ADDRESS 4510 Liberty Heights Ave.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<p>5-120 FJ 170276 53 4793</p>		<p>BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH</p>		<p>Registered No. 53 4793</p>	
<p>BIRTH NO.</p>		<p>1. NAME OF DECEASED (Type or Print) David Savage</p>		<p>2. DATE OF DEATH 5-20-1953</p>	
<p>3. PLACE OF DEATH: A. Baltimore City, Maryland</p>		<p>4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY</p>		<p>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore</p>	
<p>B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue</p>		<p>D. STREET ADDRESS (If rural, give location) 117 South Clinton Street #24</p>		<p>E. LENGTH OF STAY IN BALTIMORE 49 yrs.</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed</p>	<p>8. DATE OF BIRTH Aug. 20, 1875</p>	<p>9. AGE (In years last birthday) 77</p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman</p>
<p>11. BIRTHPLACE (State or foreign country) Virginia</p>		<p>12. CITIZEN OF WHAT COUNTRY? U.S.A.</p>		<p>13. FATHER'S NAME Unknown</p>	
<p>14. MOTHER'S MAIDEN NAME Unknown</p>		<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO.</p>	
<p>17. INFORMANT B.C.H. 4940 Eastern Ave. (records)</p>		<p>18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		<p>CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Arteriosclerotic Heart Disease DUE TO (C)</p>	
<p>19A. DATE OF OPERATION 5-20-53</p>		<p>19B. CONDITION FOR WHICH OPERATION WAS PERFORMED</p>		<p>19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II</p>	
<p>20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)</p>		<p>21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?</p>	
<p>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I hereby certify that I attended the deceased from 5-11-, 1953 to 5-20-, 1953, that I last saw the deceased alive on 5-20-, 1953, and that death occurred at 5:25A m., from the causes and on the date stated above.</p>					
<p>23A. SIGNATURE H. G. L. L. L.</p>		<p>23B. ADDRESS 4940 Eastern Avenue</p>		<p>23C. DATE SIGNED 5-20-1953</p>	
<p>24A. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>24B. DATE 5-23-53</p>		<p>24C. NAME OF CEMETERY OR CREMATORY Not. Carmel</p>	
<p>24D. LOCATION (City, town, or county) (State) Baltimore - Md.</p>		<p>25. FUNERAL DIRECTOR Huntington Williams, 4038. 166th St.</p>		<p>DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1953</p>	

1987

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-105105

[Faint, mostly illegible text and markings, possibly bleed-through from the reverse side of the page. Some faint words like "UNITED STATES DEPARTMENT OF JUSTICE" and "FEDERAL BUREAU OF INVESTIGATION" are visible.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4794
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose F. Mitchell

2. DATE
OF
DEATH

May 20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

618 S. Port St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

1-03

D. STREET ADDRESS (If rural, give location)

618 S. Port St.

C. Length of stay in Baltimore

50 YRS.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 21 1874

9. AGE (In years
last birthday)

29

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

Housework

11. BIRTH PLACE (State or foreign country)

Chambersburg Penn.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Fisher

14. MOTHER'S MAIDEN NAME

Eliza Lautenslager

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
William H Fisher Chambersburg Penn.18. 420.0 and 191X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

arterio-sclerotic heart
disease. Ch. Hypertension

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of cheek.

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1952, to May 20, 1953, that I last saw the
deceased alive on May 19, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ernest J. Steinglass

M. D.

23B. ADDRESS

1007 E. Pratt St.

23C. DATE SIGNED

May 20, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn C. M.

24D. LOCATION (City, town, or county) (State)

Eastern Ave. Rd. Balto

DATE RECEIVED BY
LOCAL REGISTRAR

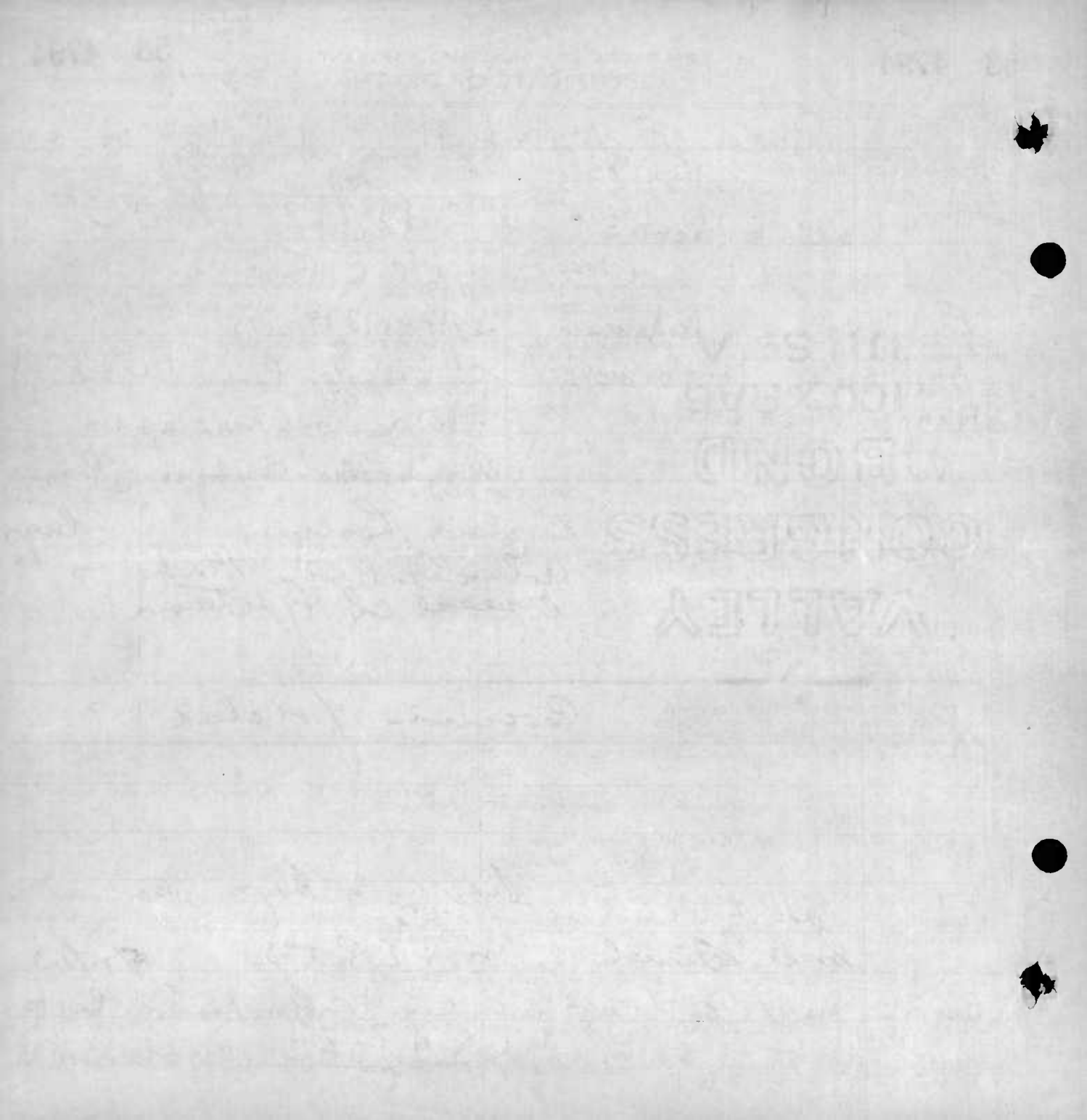
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Doppel Bros. 1800 E. Lombard St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4795 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A. Rose

2. DATE
OF
DEATH

May 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore - 28

D. STREET ADDRESS (If rural, give location)

323 Harlem Lane (Catonsville)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec 27, 1905

9. AGE (In years

last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mail Man

10B. KIND OF BUSINESS OR
INDUSTRY

U. S. Post Office

11. BIRTHPLACE (State or foreign country)

Philadelphia,
Pennsylvania12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Francis R. Rose

14. MOTHER'S MAIDEN NAME

Anna A. Sturgis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Hosp. Records

ADDRESS

18. 445X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Malignant hypertension

3 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4, 1953, to 5-20, 1953, that I last saw the
deceased alive on 5-20, 1953, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Delaney, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr. & B. L. Simon

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4796

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, MdB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION2518 N. CALVERT ST

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Stephen L. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Chronic Nephritis

DUE TO

(B)

Hypertensive Cardio-Vascular disease

DUE TO

(C)

Arterio-sclerosis age.

INTERVAL BETWEEN ONSET AND DEATH

2 to 3 yrs10 yrs.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1953 to May 20, 1953 that I last saw the deceased alive on May 20, 1953 and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialMay 23, 1953Cathedral CemeteryBaltimore, Maryland.

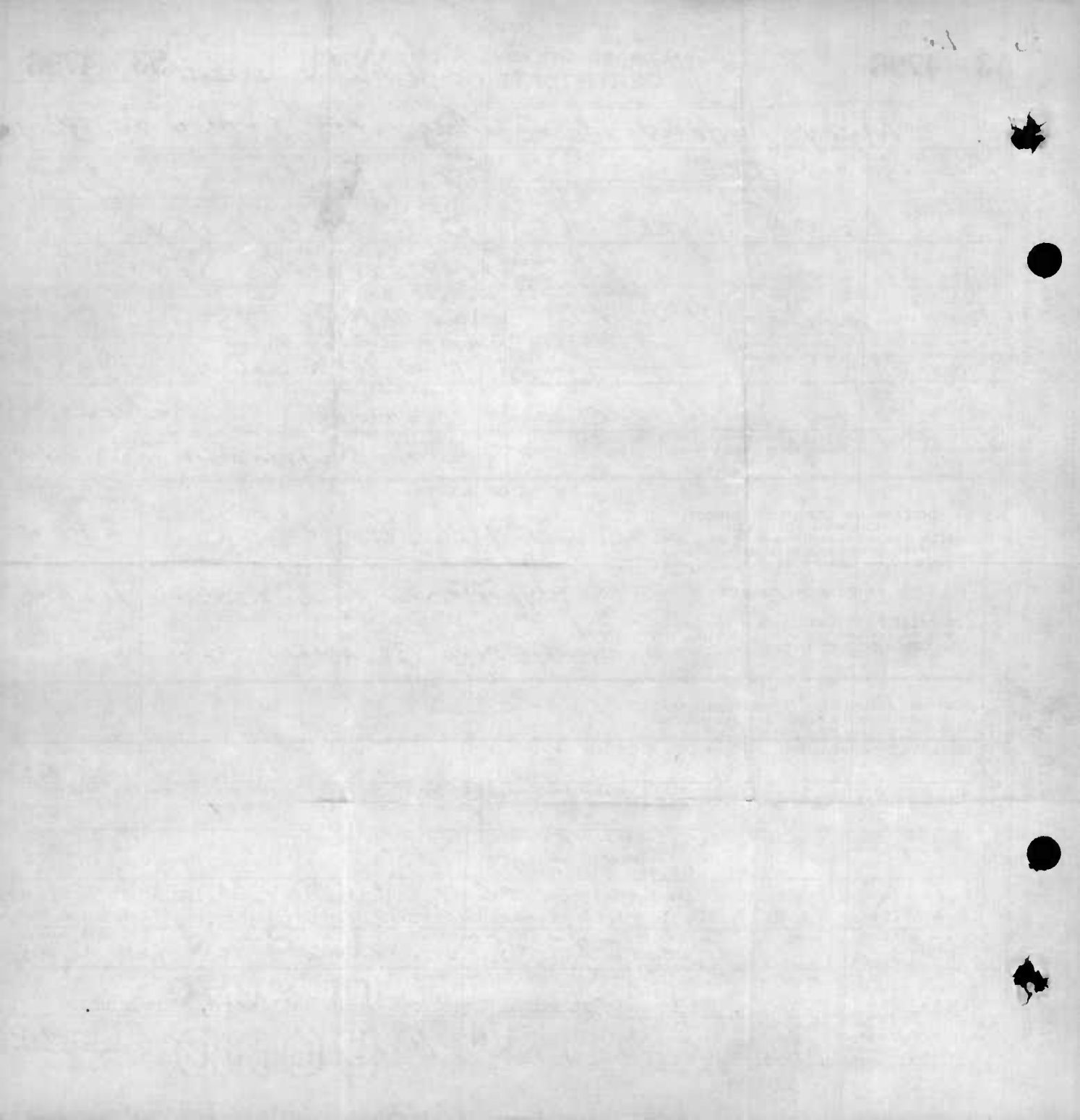
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 23 1953Huntington Williams, M.D.W. Weis & Son - 805 N. Calvert St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4797
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MRS. VIOLA^D HARNER2. DATE
OF
DEATH

MAY 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 29, 1906

9. AGE (In years
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ALLEN DORSEY

14. MOTHER'S MAIDEN NAME

BERTITA KEILHOLTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

HOSPITAL RECORDS

ADDRESS

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ADENOCARCINOMA
with metastases,
generalized.

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/3/53

19B. MAJOR FINDINGS OF OPERATION

Biopsies done revealing metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

none

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11, 1953, to 5/20, 1953, that I last saw the
deceased alive on May 20, 1953, and that death occurred at 1:53 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Medd

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

5/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 23-1953

24C. NAME OF CEMETERY OR CREMATORY

MT. Tabor Cem

24D. LOCATION (City, town, or county) (State)

Rocky Ridge Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck 5305 Harford

ADDRESS

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1907

10-1-10

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10-1-10

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4798BIRTH NO. 656ELIZABETH1. NAME OF DECEASED
(Type or Print)ANN DIAMOND WARNER2. DATE
OF
DEATHMAY 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)MDB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUNION MEMORIAL
HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 11 13-07

D. STREET ADDRESS (If rural, give location)

4201 FALLS RD APT 8

c. Length of stay in Baltimore

? Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M.

8. DATE OF BIRTH

JUNE 26, 1905 479. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)HOUSE WIFE & SAGONY VACUUM10B. KIND OF BUSINESS OR
INDUSTRYgasoline

11. BIRTHPLACE (State or foreign country)

PHILADELPHIA, PA.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

WALKER DIAMOND

14. MOTHER'S MAIDEN NAME

ANNA ELIZABETH FBERHART15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

HUSBAND

ADDRESS

SAME18. 170XDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH JOHN F. WARNERCARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

CARCINOMA OF BREAST

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 18, 1953, to MAY 20, 1953 that I last saw the
deceased alive on MAY 20, 1953, and that death occurred at 2:28 p.m., from the causes and on the date stated above.

23A. SIGNATURE

AM. Dugan

23B. ADDRESS

UNION MEMORIAL HOSP. MAY 20, 53

23C. DATE SIGNED

MAY 20, 5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)CREMATION

24B. DATE

May 23-1953

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT Cem.

24D. LOCATION (City, town, or county)

BALTO

(State)

MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Donald J. Luck - 5305 Harford

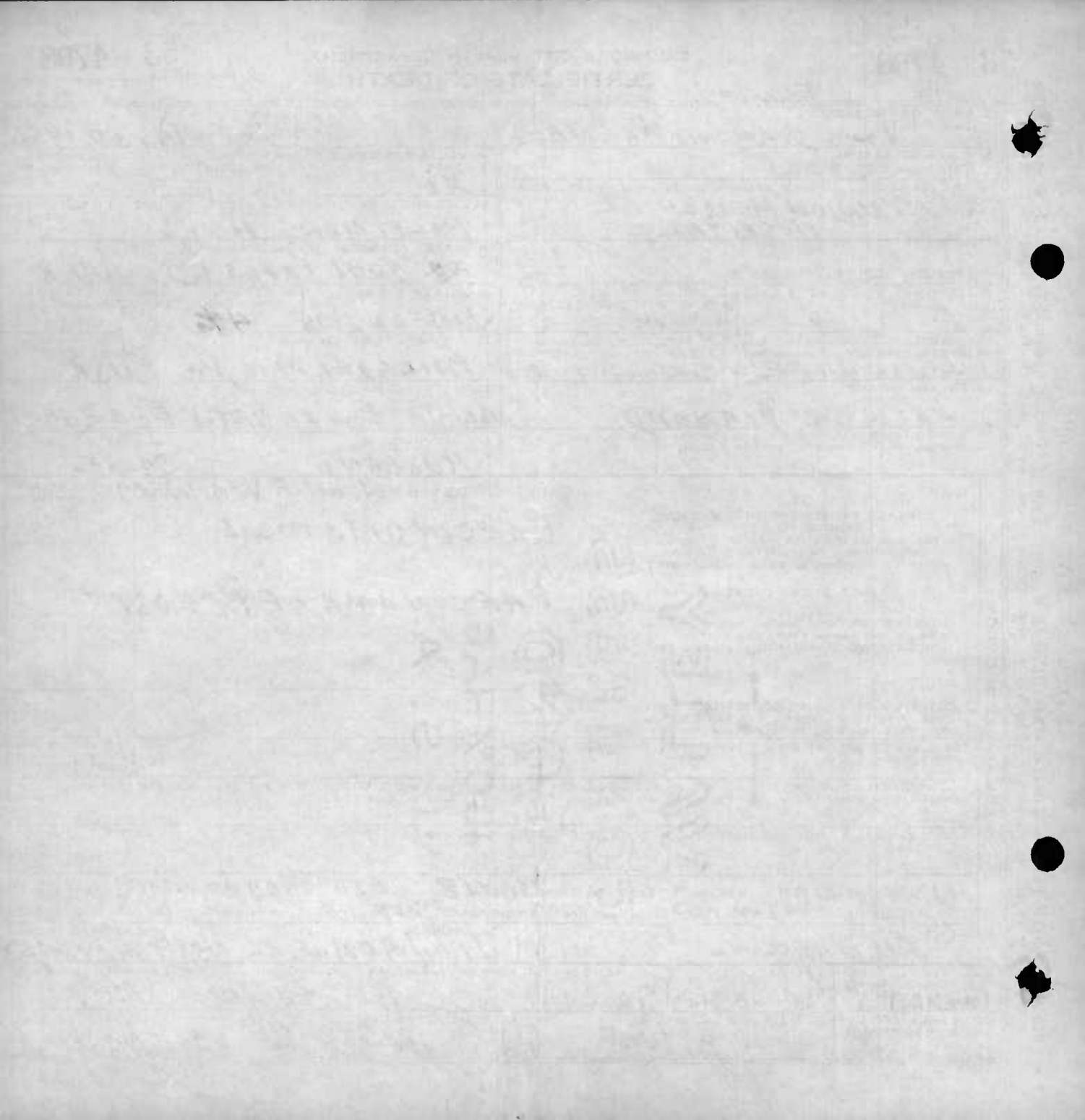
ADDRESS

VS 150

3506K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-636
53 4799BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4799

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Carter

2. DATE
OF DEATH

May 19-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)
A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Osler 7

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore 5-01

D. STREET, ADDRESS (If rural, give location)

146 N. High St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-11-96

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Junker

10B. KIND OF BUSINESS OR
INDUSTRY

Junker

11. BIRTHPLACE (State or foreign country)

St Marys co. md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Carter

14. MOTHER'S MAIDEN NAME

Kater Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

War #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 162x and 002x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma - bronchogenic.
Cervical
metastases.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Also pulmonary tuberculosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13-53, to 5-19-53, that I last saw the
deceased alive on 5-19-53, and that death occurred at 8:00 AM on 5-19-53 from the causes and on the date stated above.

23. SIGNATURE

Lawrence E. Schubert

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

5/22/53

24C. NAME OF CEMETERY OR CREMATORY

Bald. Mt.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

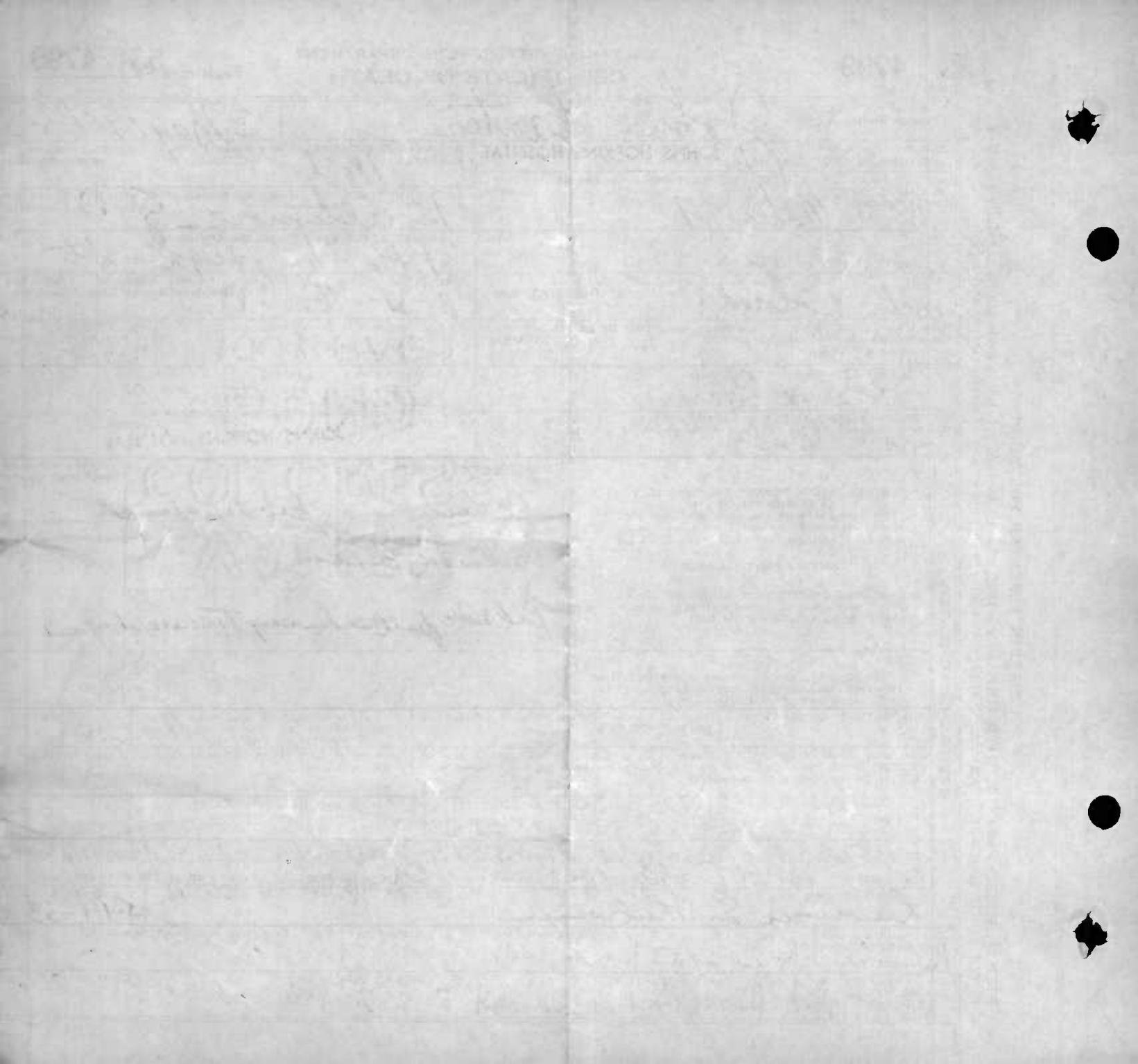
24F. FUNERAL DIRECTOR

H. W. Williams, 1015 B. St.

ADDRESS

VS 150

29068



9-510
53 4800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4800
Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Tabitha Cumbo		2. DATE OF DEATH May-19-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1715 West Lanvale Street		C. CITY OR TOWN (If outside corporate limits, write RUTLEDGE, and give township) Baltimore	
c. Length of stay in Baltimore 22 Yrs.		D. STREET ADDRESS (If rural, give location) 1715 West Lanvale Street	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan-6-1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (in years last birthday) 79
13. FATHER'S NAME Daniel Mitchell		11. BIRTHPLACE (State or foreign country) Potomac N.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Susan Mitchell	
17. INFORMANT James Cumbo		ADDRESS 1715 W. Lanvale St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		DUE TO (A) Myocarditis (B) Arteriosclerosis (C) Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-8 , 1953 to 5-19 , 1953, that I last saw the deceased alive on 5-19 , 1953, and that death occurred at 3 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE Frank A. Saunders M.D.		23B. ADDRESS 1029 N. Stricker St.	
23C. DATE SIGNED 5-20-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/1953	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1953		REGISTRAR'S SIGNATURE Huntington Williams M.D.	
FUNERAL DIRECTOR W. Wilson		ADDRESS 1100 Brantley Rd	

Si 57390

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

VS 150

1014 87

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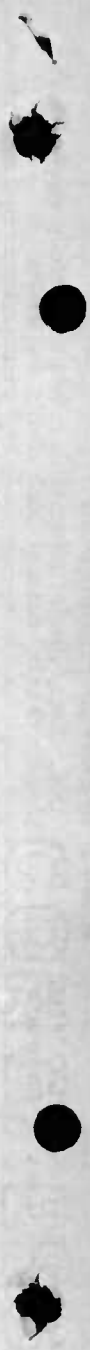
1014 87

3-432		BALTIMORE CITY HEALTH DEPARTMENT		X 53 4802	
53 4802		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <u>Bledsoe Master Gerald WAYNE</u>			2. DATE OF DEATH <u>5-20-53</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>BALTO.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home & Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore DUNDALK 22</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>2801 GRAY MANOR TERRACE 5353</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>3-8-1938</u>	9. AGE (in years last birthday) <u>15</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <u>Bledsoe Mr William</u>			14. MOTHER'S MAIDEN NAME <u>Fletcher, Mrs Edna</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		
17. INFORMANT <u>patient</u>			ADDRESS <input checked="" type="checkbox"/>		
18. <u>400 x</u> CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Rheumatic fever</u>					<u>4 ms</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Acute glomerulonephritis</u>					<u>2 ms</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>subdural hematoma</u>					<u>2 days</u>
19A. DATE OF OPERATION <input checked="" type="checkbox"/>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-9-</u> , 19 <u>53</u> , to <u>5-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>53</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>H. E. Smith</u>		23B. ADDRESS <u>M. D. Church Home & Hospital, Balto</u>		23C. DATE SIGNED <u>5-20-53</u>	
24A. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>5-23-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>GRAIGS BAPTIST CHURCH</u>	
24D. LOCATION (City, town, or county) (State) <u>SPOTSYLVANIA CO., VA.</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 22 1953</u>			
REGISTRAR'S SIGNATURE <u>Huntington</u>		25. FUNERAL DIRECTOR <u>W. A. B. B. B.</u>		ADDRESS <u>Chick's Road, Dundalk, Md</u>	
VS 150 (Harold Schmidt - Elmdorff)					

5080 54

RECORD TO LITIGATION

54



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4803
Registered No.

53 4803
BIRTH NO.

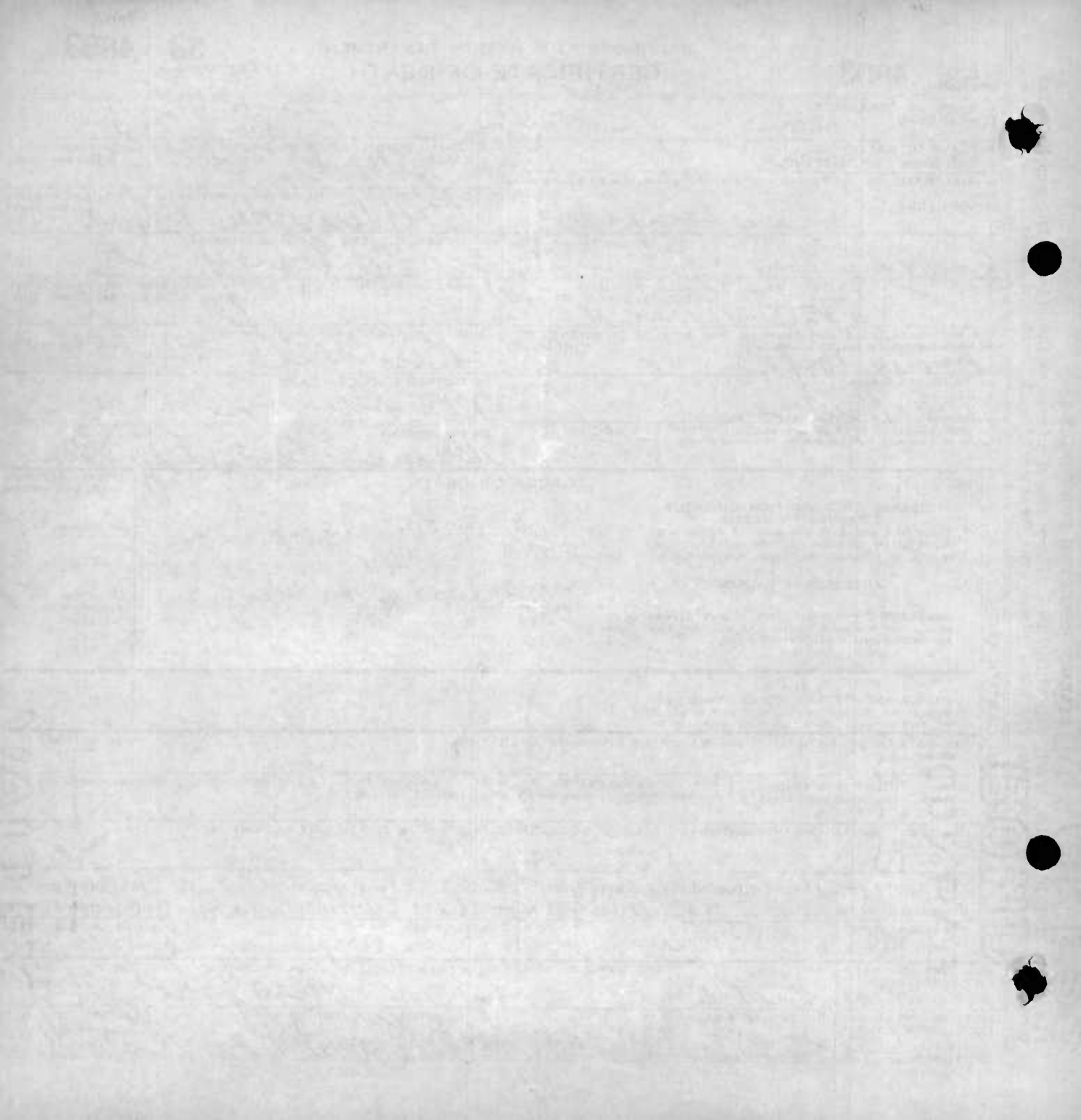
1. NAME OF DECEASED (Type or Print) <u>RACHEAL DUBINSKY</u>		2. DATE OF DEATH <u>5/21/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 17-01</u>	
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>300 No Carey St</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Not known</u>		14. MOTHER'S MAIDEN NAME <u>Not known</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
<u>Norman Oweritsky</u>		<u>Home</u>	

18. <u>157X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CARCINOMATOSIS</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>CARCINOMA OF PANCREAS</u> DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5/16</u> , 19 <u>53</u> , to <u>5/4</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5/21</u> , 19 <u>53</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>Julius S. P. Weir</u>		23B. ADDRESS <u>Sinai Hospital of Balto</u>		23C. DATE SIGNED <u>5/21/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>5-21-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New York, N.Y.</u>		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 22 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>John Lewis</u> ADDRESS <u>2100 Canton Rd</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4804
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELEONOR MARIE ROSS

2. DATE
OF
DEATH

APRIL 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

39 Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

104 N. Fremont Avenue

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOV. 25, 1892

9. AGE (In years
last birthday)

60 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

OWEN HALL

14. MOTHER'S MAIDEN NAME

ESABELLE DAVIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1953, to April 3, 1953, that I last saw the
deceased alive on April 3, 1953, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George M. Adams M.D.

23B. ADDRESS

2327 W. NATH

23C. DATE SIGNED

4-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 19 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Phone Orleans 3965

Rainman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4805**BIRTH NO. **53 4805**1. NAME OF DECEASED
(Type or Print)**HARRY****LAFAYETTE**2. DATE
OF
DEATH**May 21, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**Mercy Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore****28-31**

D. STREET ADDRESS (If rural, give location)

6941 6th Glen Heights Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.**57**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Tailor**10B. KIND OF BUSINESS OR
INDUSTRY**clothing
mfr**

11. BIRTH PLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

not known15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Ida La Fayette - same18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Arteriosclerotic cardiovascular disease****XXXXX**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Coronary occlusion****XXXXX**(C) **Myocardial infarct**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. H. V. V.23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 21, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal**5-22-53****Baltimore Hebrew****Balto, Md**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1953**H. H. V. V.****W. H. Lewis****2100 Eutaw Pl**

VS 151

890 4G

1903

23

THE UNIVERSITY OF CHICAGO

1903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4806**

BIRTH NO. **53 4806**

1. NAME OF DECEASED
(Type or Print) **San Jones (Pinkett)**

2. DATE OF DEATH **5/18/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2-5-05

D. STREET ADDRESS (If rural, give location)

3316 Hawkins Point Rd.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

64

9. AGE (In years last birthday)

64

If Under 1 Year Months Days

64

If Under 24 Hours Hours Min.

64

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

✓

13. FATHER'S NAME

George W Jones

14. MOTHER'S MAIDEN NAME

Mary Pinkett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Lena Jones

ADDRESS

623 1st St

18. **443X and 026X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cerebral hypoxia

INTERVAL BETWEEN ONSET AND DEATH

days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Hypertensive cardiac disease
Generalized arteriosclerosis

years
year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Syphilis of the central nervous system

years.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-13-1953** to **5-18-1953**, that I last saw the deceased alive on **5-18-1953**, and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

W. L. Bouway

23B. ADDRESS

South Baltimore Gen Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 23, 53

24C. NAME OF CEMETERY OR CREMATORY

Int Calvary Cem

24D. LOCATION (City, town, or county)

A. A. Co Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

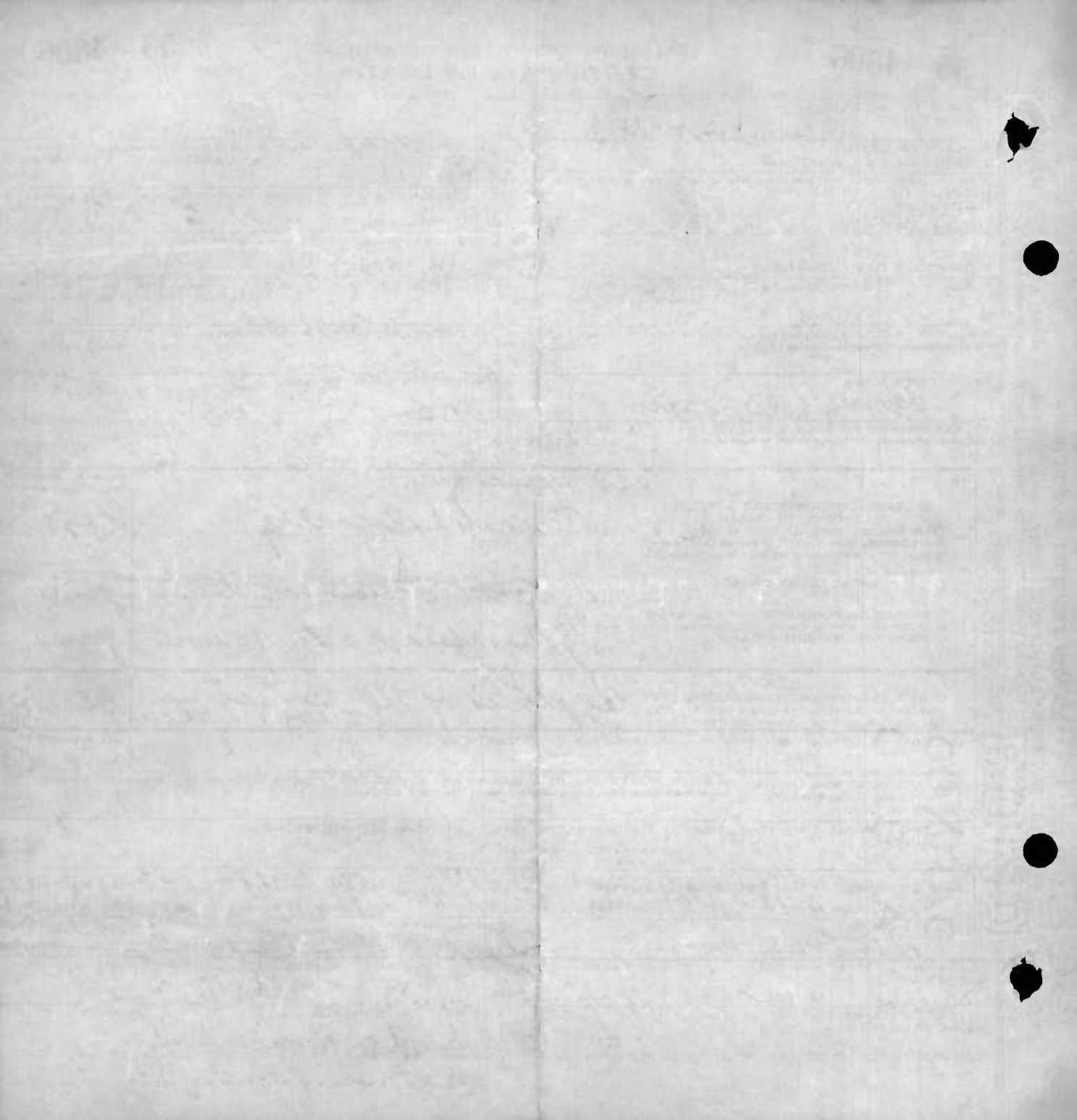
1953

25. FUNERAL DIRECTOR

Isaiah L Brown Son

ADDRESS

108W Morris omery St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4807

53 4807
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wells
Alice Blatchley

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Lutheran Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore City*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR *Lutheran Hospital*
INSTITUTION *730 Ashburton St. Baltimore Md.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *15-04*

c. Length of stay in Baltimore

0. STREET ADDRESS (If rural, give location)
2218 W. North Ave. Baltimore 16 Md

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

November 19, 1885

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

operator

10B. KIND OF BUSINESS OR INDUSTRY

General Service Adm Post - office

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Gworge Rush Wells

14. MOTHER'S MAIDEN NAME

Elizabeth Lambert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

none

17. INFORMANT *hospital records* ADDRESS

Lutheran Hospital, Baltimore Md.

18. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DOE TO

hypertensive arteriosclerotic heart - disease

2 years

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *May 18* *1953* to *May 21*, 1953, that I last saw the deceased alive on *May 21*, 1953, and that death occurred at *1205* *am.*, from the causes and on the date stated above.

23A. SIGNATURE

Rudolph M. Zander M.D. assistant resident

23B. ADDRESS

Lutheran Hospital, Baltimore Md.

23C. DATE SIGNED

5-21-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/23/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

22 1953

John M. D. 1953

John J. Glickner & Sons

VS 150

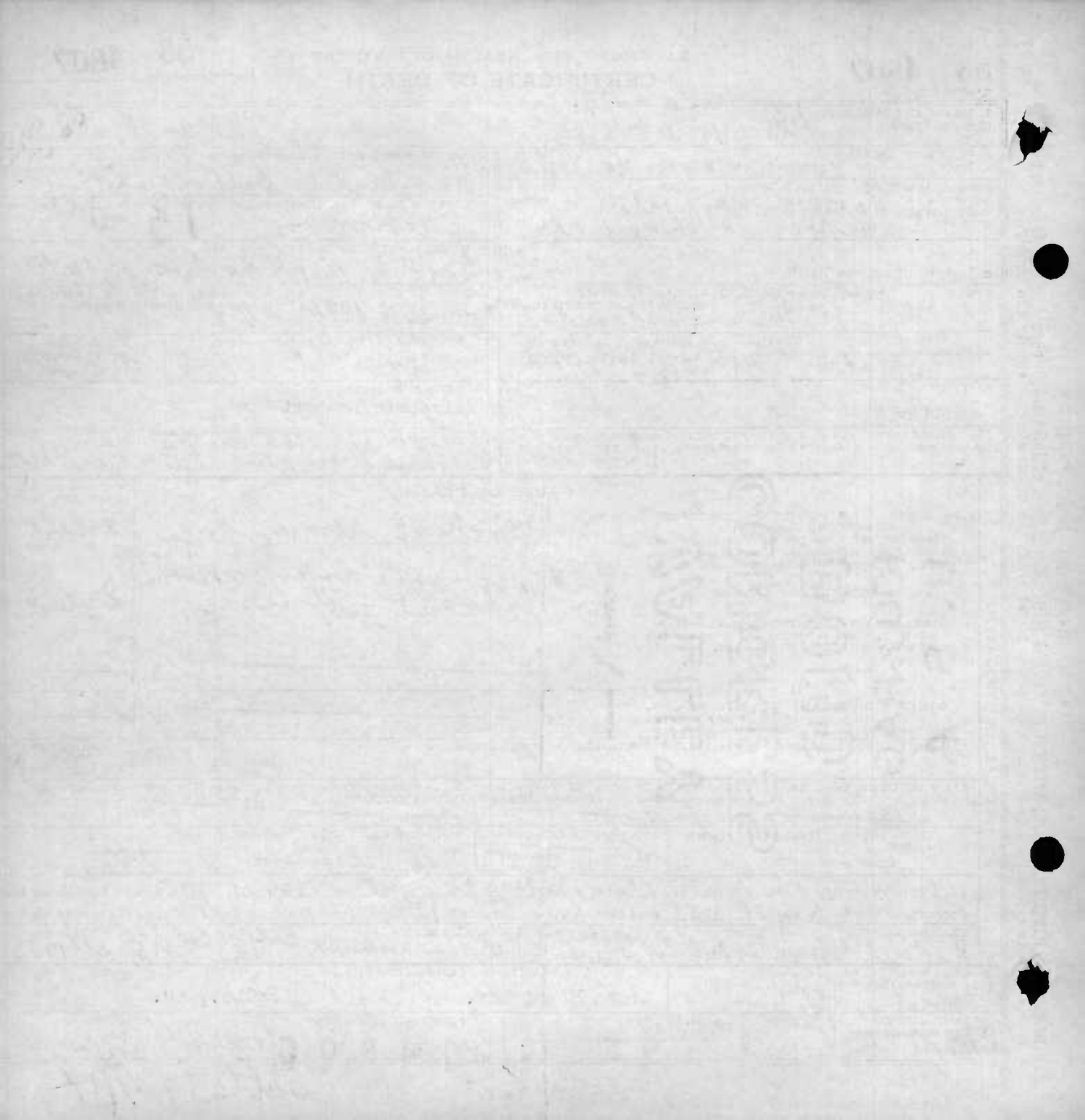
270 90

Balto 17, Md.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4808

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4808
Registered No.1. NAME OF DECEASED
(Type or Print)

LEROY C. LOUIS

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3110 Woodholme Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 14, 1904

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stereotypist

10B. KIND OF BUSINESS OR
INDUSTRY

Newspaper

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. Louis

14. MOTHER'S MAIDEN NAME

Katherine Rinehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

216-03-1183

17. INFORMANT ADDRESS

Mrs. Gladys E. Louis - 3110 Woodhome Ave.

18. 502.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic bronchitis

~~XXXX~~ Pulmonary emphysema

ANTECEDENT CAUSES

(B) Cor pulmonale

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.~~XXXX~~ Fatty infiltration of liver

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Chace

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 21, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/25/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. J. Baker & Sons

ADDRESS

Baltimore 17, Md.

2002 p. 1000 at 2. m 13
1000 p. 1000 at 2. m 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-320

53 4809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4809
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) CHRISTOPHER C. WATTS

2. DATE OF DEATH May 19, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 412 Northway

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-11

7. STREET ADDRESS (If rural, give location)
412 Northway

8. Length of stay in Baltimore Yrs. Mos. Days

9. SEX male

10. COLOR OR RACE white

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

12. DATE OF BIRTH Jan. 10, 1871

13. AGE (In years, last birthday) 82

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder (rtd)

17. KIND OF BUSINESS OR INDUSTRY Construction

18. BIRTHPLACE (State or foreign country) Maryland

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME Edward Watts

21. MOTHER'S MAIDEN NAME Anne --

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

23. SOCIAL SECURITY NO. no

24. INFORMANT Mr. H. E. Miller-412 Northway

25. ADDRESS

26. CAUSE OF DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION 0

32. CONDITION FOR WHICH OPERATION WAS PERFORMED

33. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

34. AUTOPSY? YES ☐ NO ☒

35. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

36. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

37. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

38. TIME (Month) (Day) (Year) (Hour) OF INJURY

39. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

40. HOW DID INJURY OCCUR?

41. I hereby certify that I attended the deceased from 1942 to May 19, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

42. SIGNATURE Edward F. Potter

43. ADDRESS 6 E. Read Street

44. DATE SIGNED May 20, 1953

45. BURIAL, CREMATION, REMOVAL (Specify) Burial

46. DATE 5/22/53

47. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

48. LOCATION (City, town, or county) (State) Pikesville, Md.

49. DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953

50. REGISTRAR'S SIGNATURE Huntington Williams

51. FUNERAL DIRECTOR J. Pickens & Sons

52. ADDRESS Baeto. 17, Md.

VS 150

THIS FORM IS REQUIRED FOR BUREAU

For the purpose of this form, the word "deceased" shall mean any person who has died, whether or not the death has been reported to the Bureau.

DEATH CERTIFICATE

1. NAME OF DECEASED (Last, first, middle initial)		2. PLACE OF DEATH a. Baltimore City b. Baltimore County c. Other (Specify)	
3. DATE OF DEATH (Month, day, year)		4. TIME OF DEATH (Specify)	
5. SEX a. Male b. Female		6. AGE a. At death b. At last birthday	
7. RACE a. White b. Negro c. Other (Specify)		8. MARRIAGE STATUS a. Single b. Married c. Widowed d. Divorced	
9. OCCUPATION a. At death b. Last before death		10. EDUCATION a. At death b. Last before death	
11. BIRTH a. Date b. Place		12. PARENTS a. Father's name b. Mother's name	
13. STREET ADDRESS - (If other than place of death)		14. CITY OF BIRTH	
15. COUNTY OF BIRTH		16. STATE OF BIRTH	
17. SOCIAL SECURITY NO.		18. MARITAL STATUS AT DEATH	
19. CAUSE OF DEATH a. Disease or condition directly leading to death b. Disease or condition contributing to death c. Injury or violence d. Other (Specify)			
20. DATE OF OPERATION a. Date performed b. Date of death			
21. HOW DID INJURY OCCUR a. How did injury occur b. How did death occur			
22. SIGNATURE OF DECEASED a. Signature b. Date			
23. SIGNATURE OF WITNESS a. Signature b. Date			
24. SIGNATURE OF PHYSICIAN a. Signature b. Date			
25. SIGNATURE OF BURIAL OFFICIAL a. Signature b. Date			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4810
Registered No. _____

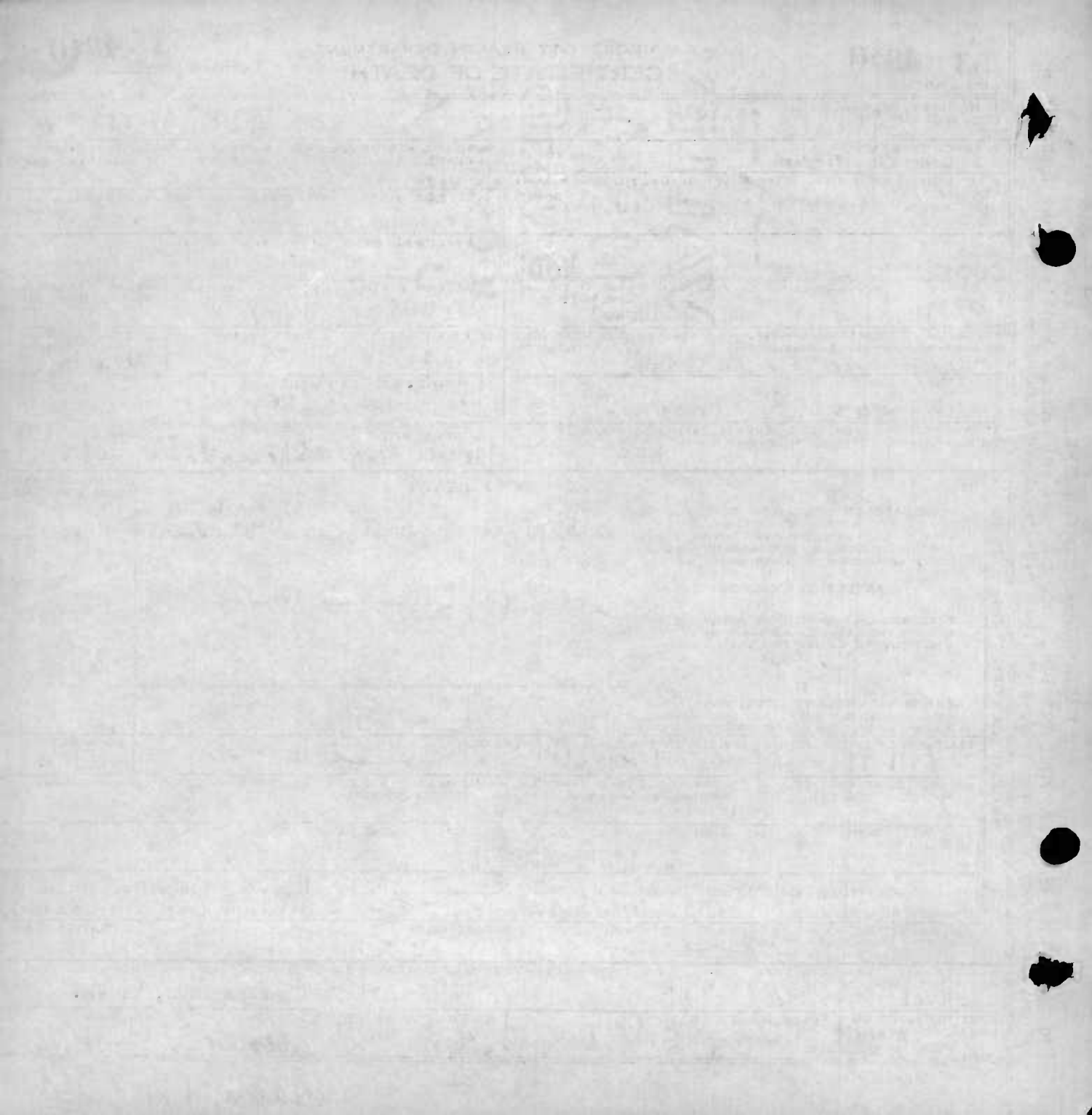
53 4810
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Charles Thomas Cross			2. DATE OF DEATH 5-21-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE W. VIRGINIA B. COUNTY V-45		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shenandoah Junction		
c. Length of stay in Baltimore 13 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX M.	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-26-1879		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph operator		10B. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas R. Cross			14. MOTHER'S MAIDEN NAME OLIVIA Coley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr W.L. Fink. Shenandoah W. Va		

18. 199.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Rupture of anastomosis. Peritonitis			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (B) ca of esophagus and stomach			
DUE TO (C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION 5-13-53		19B. MAJOR FINDINGS OF OPERATION ca of esophagus + stomach	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-8- , 19 52 , to 5-21- , 19 53 , that I last saw the deceased alive on 5-21- , 19 53 , and that death occurred at 7 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE W. L. Fink		23B. ADDRESS U.M.H.	23C. DATE SIGNED 5-21-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5/21/53	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) Charles Town, W. Va.
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953		25. FUNERAL DIRECTOR Wm. J. Fisher & Sons ADDRESS Balto 17, Md.	

365 50

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

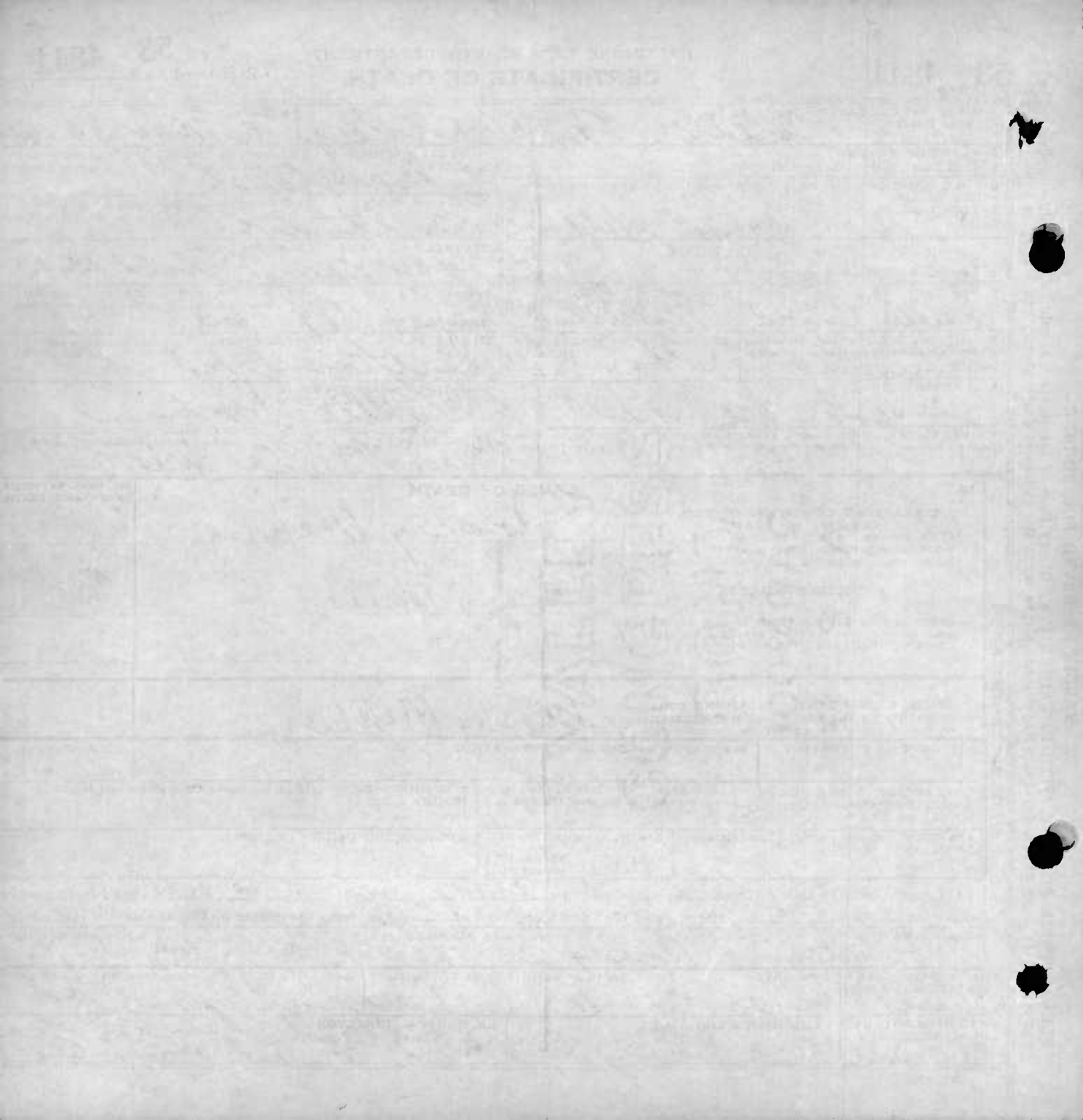


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4811

BIRTH NO. 53 4811

1. NAME OF DECEASED (Type or Print) <i>Costelle Peaker Halsey</i>			2. DATE OF DEATH <i>May 29, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>1409 Druid Hill Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1409 Druid Hill Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 29, 1889</i>	9. AGE (In years last birthday) <i>63</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Joseph Peaker</i>			14. MOTHER'S MAIDEN NAME <i>Lottie Jackson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>no informant</i>		
18. <i>420.1 and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes Mellitus</i>					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>8-7-</i> , 19 <i>52</i> to <i>5-20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/20</i> , 19 <i>53</i> , and that death occurred at <i>5:15 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert L. Penfield M. D.</i>			23B. ADDRESS <i>722 N. Fulton Ave.</i>		23C. DATE SIGNED <i>5/21/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>May 25, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 22 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>John Clagel</i> ADDRESS <i>1631 Druid Hill Ave.</i>			



53 4812
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4812
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mildred Sanders</i>			2. DATE OF DEATH <i>May 20, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-01</i>		
c. Length of stay in Baltimore <i>25</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>430 N. Bayson St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-16-1913</i>		9. AGE (In years last birthday) <i>39</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private families</i>	11. BIRTHPLACE (State or foreign country) <i>Elizabethtown, Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Sandy Douglas</i>			14. MOTHER'S MAIDEN NAME <i>Marie Vail</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>219-12-5405</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Pulmonary Embolism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <i>Wound dehiscence</i>			<i>15 days</i>		
			DUE TO (C) <i>multiple sclerosis</i>		
			<i>3 yrs</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma In situ Cervix</i>					
19A. DATE OF OPERATION <i>4/25/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Wound Dehiscence</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-14</i> , 19 <i>53</i> , to <i>5-20</i> , 19 <i>53</i> that I last saw the deceased alive on <i>5-20</i> , 19 <i>53</i> and that death occurred at <i>11:00 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J.C. DeFammanus</i> M.D.			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/21/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/25/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>J. Chatman, Jr., 1701 Mt. Calloh</i>	

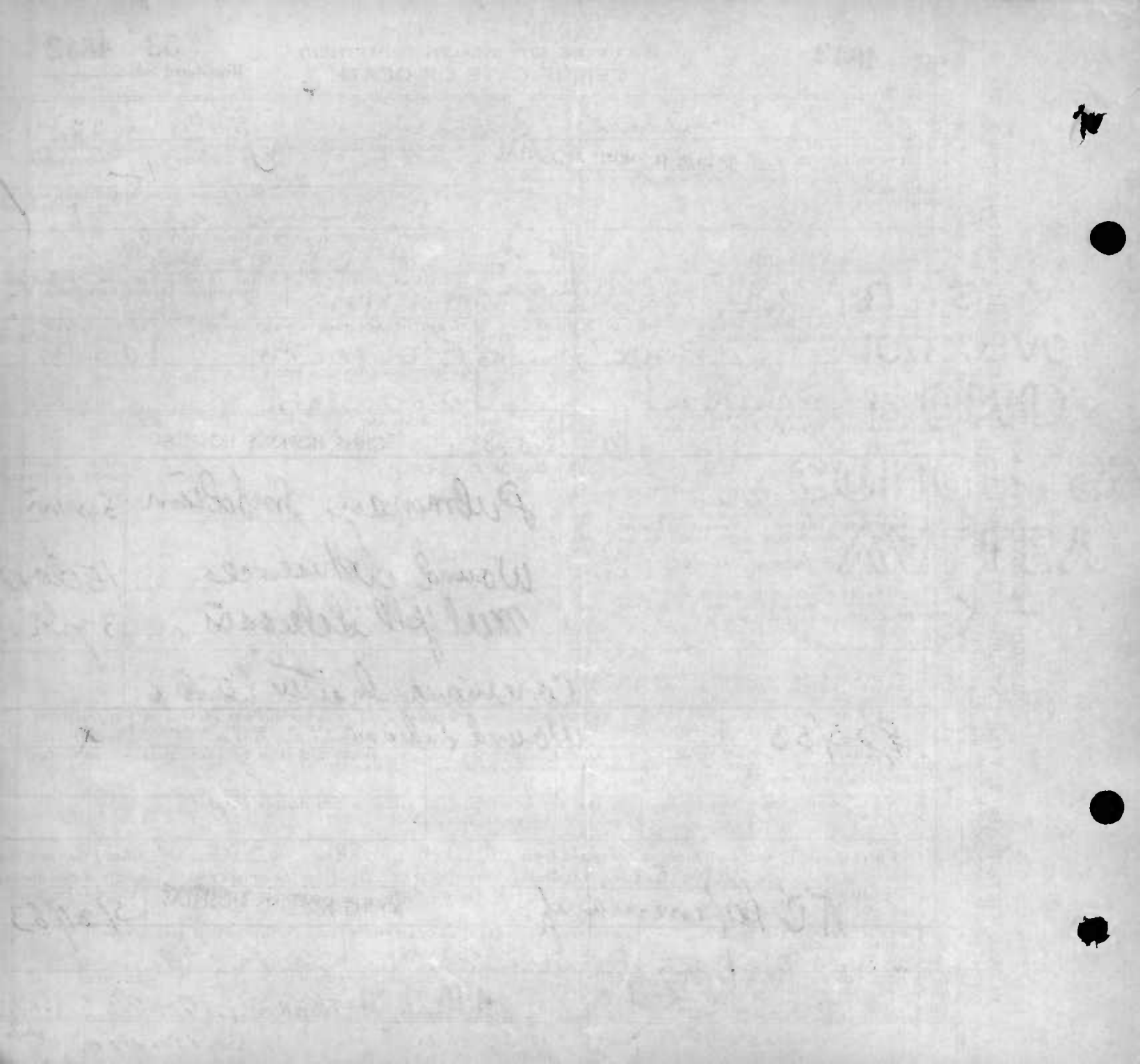
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

05885

Balto, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4813
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 53 4813
Registered No.

1. NAME OF DECEASED (Type or Print) Kenneth L. Smith			2. DATE OF DEATH 5/21/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Wash.		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonesboro		
c. Length of stay in Baltimore 42 Days			D. STREET ADDRESS (If rural, give location) 7100		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH 12/27/20		9. AGE (In years last birthday) 32
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Carl Smith			14. MOTHER'S MAIDEN NAME Annie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS HOSP RECORDS		

1B. 602X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Gastro-intestinal Hemorrhage, site unknown DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hernia DUE TO Nephrolithiasis (C) Hypoparathyroidism		3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 4/15/53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Nephrolithiasis	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4/10/53 , 19__, to 5/21/53 , 19__, that I last saw the deceased alive on 5/21/53 , 19__, and that death occurred at 5:50 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE George W. Smith M. D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 5/22/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/24/53	24C. NAME OF CEMETERY OR CREMATORY Boonesboro	24D. LOCATION (City, town, or county) (State) Boonesboro, MD	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953	REGISTRAR'S SIGNATURE H. H. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 21 West 2503 Edmonson		

2157 EC

RECEIVED BY THE DIRECTOR

U. S. DEPARTMENT OF AGRICULTURE

1914

1914

Wm. L. Howard

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to

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4814**BIRTH NO. **53 4814**1. NAME OF DECEASED
(Type or Print)**Emma J. Deane**2. DATE
OF
DEATH**May 20, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2803 Garrison Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)**A. STATE
Md.****B. COUNTY**5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore,**

c. Length of stay in Baltimore

20 yrs.Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

2110 Chelsea Terrace

5. SEX

Female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**widowed**

8. DATE OF BIRTH

June 8, 18629. AGE (In years
last birthday)**90**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**none**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Floyd Co. Va.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Moore

14. MOTHER'S MAIDEN NAME

Frances Delency15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rose Hiteshow 2110 Chelsea Terrace18. **442X**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

**Anemia
Heterosclerotic
(A) Cardio-vascular
DUE TO Renal disease
(B) Senility
DUE TO**

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1953** to **May 20, 1953**, that I last saw the
deceased alive on **May 20, 1953** and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

3033 W. North Ave.

23C. DATE SIGNED

5/24/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

May 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Spring Hill

24D. LOCATION (City, town, or county)

Lynchburg,**Va.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1953**Huntington****John C. Mitchell****1900 Rutaw Place**

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

1954



53 4815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4815

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLARD H. HILL

2. DATE
OF
DEATH

May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 23-01

D. STREET ADDRESS (If rural, give location)

942 Leadenhall Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years last birthday)

46

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Ruth Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Eugie Hill

1734 E Broadway

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of liver

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED May 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

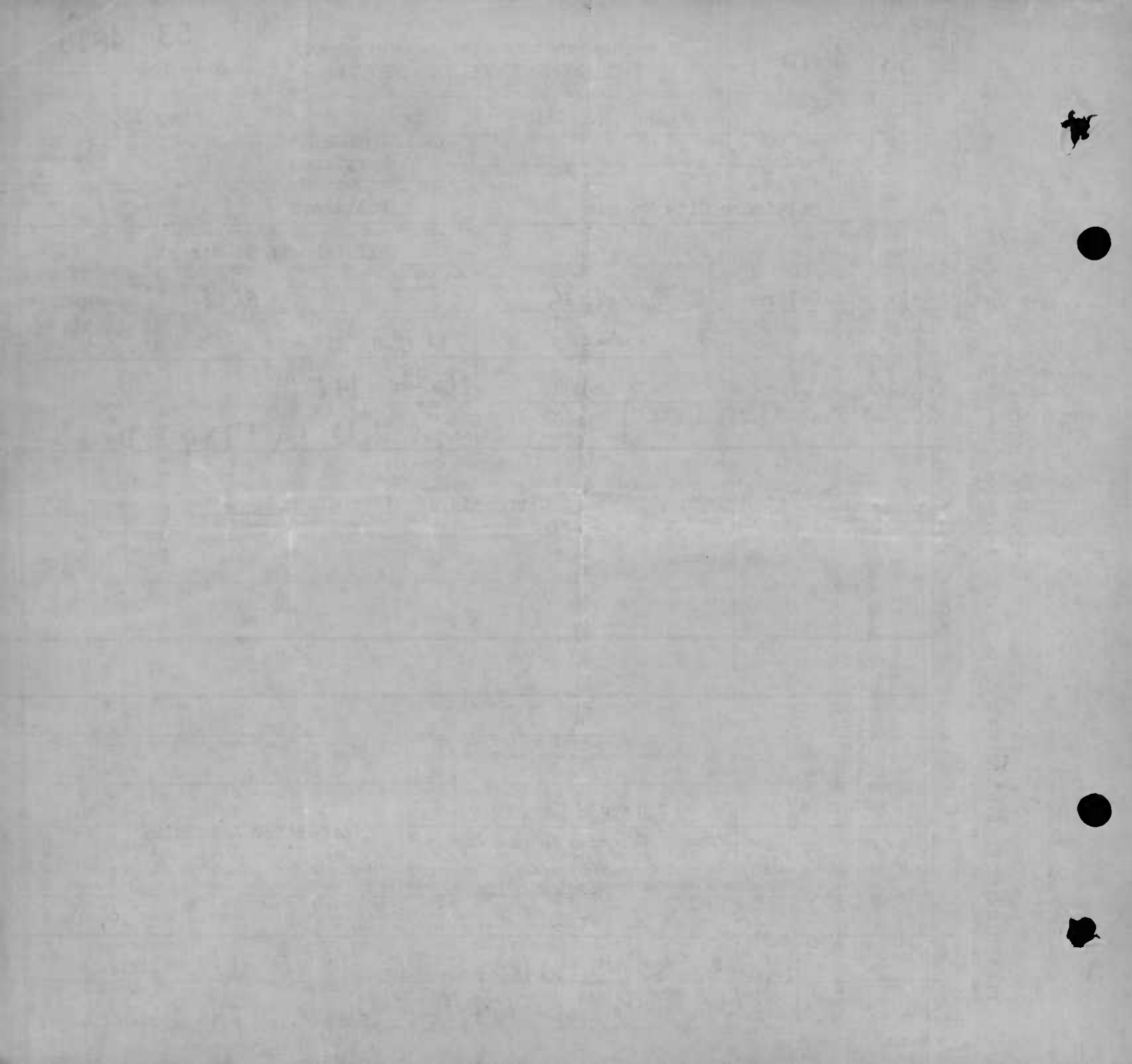
25. FUNERAL DIRECTOR

ADDRESS

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-565

53 4816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4816
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS J. EMRHEIN

2. DATE

OF DEATH May 19-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2454 West Baltimore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY 20-01

D. STREET ADDRESS (If rural, give location)

2454 West Baltimore Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-1-1894

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cashier

10B. KIND OF BUSINESS OR INDUSTRY

Seabody Inst.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Emrhein

14. MOTHER'S MAIDEN NAME

Feba Stanley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216 03 0964 E. Grace Emrhein..2454 W. Balto. St

17. INFORMANT

ADDRESS

18. 433.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral embolism

DUE TO

2 days

ANTECEDENT CAUSES

(B)

Atrial fibrillation

DUE TO

14 months

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 14, 1946, to May 19, 1953, that I last saw the deceased alive on May 19, 1953, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert E. Rudman

M. D.

23B. ADDRESS

2517 W. Balto. St.

23C. DATE SIGNED

5/20/53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 22: 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F.R. Wippert & Son

ADDRESS

VS 150

F.R. WIPPERT & SON 1300 Eutaw Pl.

320 PV

58 4913

58 4913

May 19-1953

May 19-1953

MARYLAND

2454 West Baltimore St. BALTIMORE CITY

2454 West Baltimore St. BALTIMORE CITY

9-1-1974 9-1-1974

USA Maryland Freedom Inst. Maryland

John F. Kennedy John F. Kennedy

No. 276 02 00000 276 02 00000 276 02 00000

May 19-1953 May 19-1953

Handwritten signature

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4817
Registered No.53 4817
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDITH LONG			2. DATE OF DEATH 21 May 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Franklin Square			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) FRANKLIN SQUARE HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #26 2-5-05		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 3828 Fairhaven Ave		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH August 9, 1907		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME Howard			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. **570.2 I** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
MESENTERIC THROMBOSIS
DUE TO
INTERVAL BETWEEN ONSET AND DEATH
4 DAS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION
MESENTERIC THROMBOSIS 20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

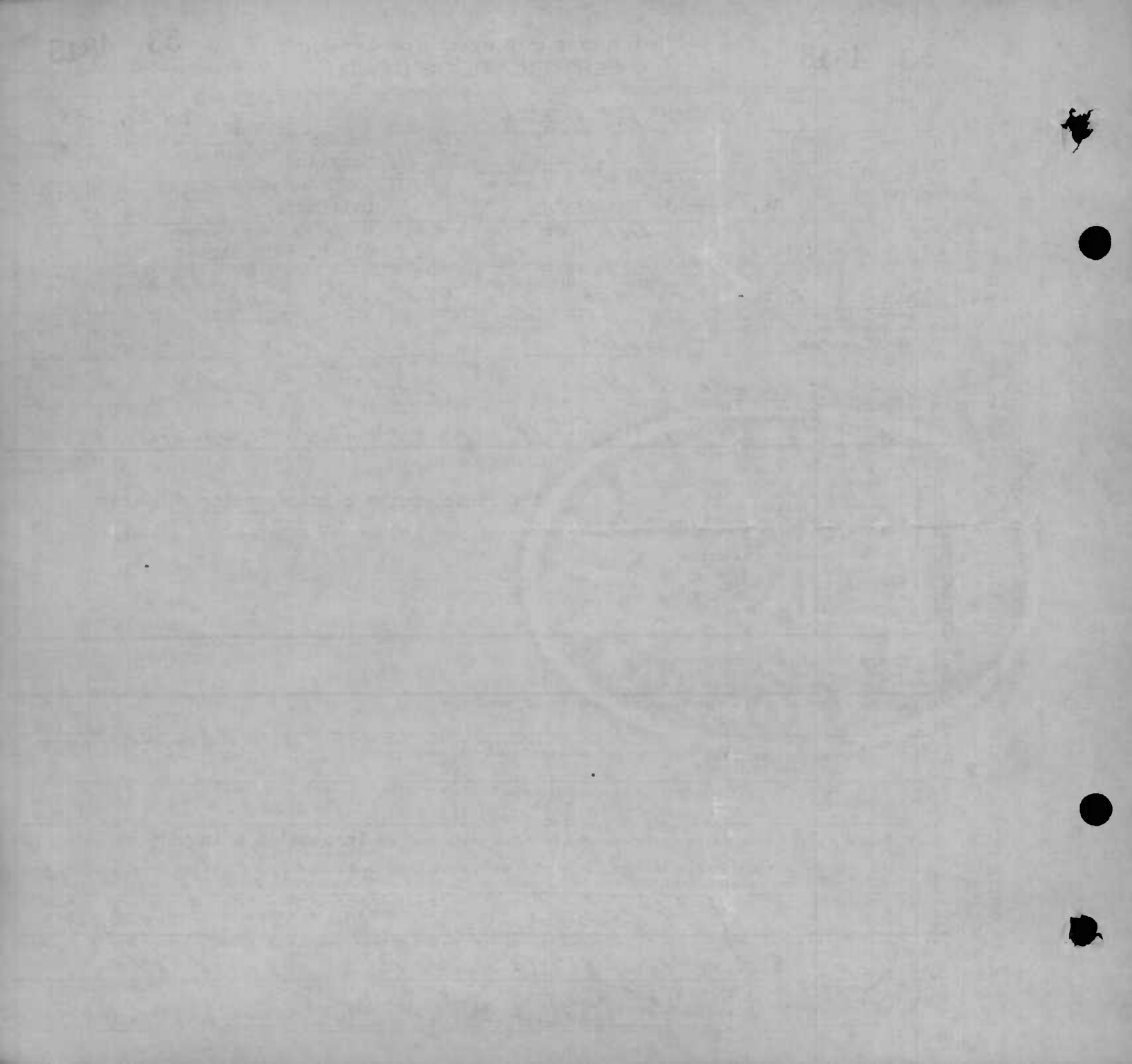
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from **6 MAY**, 1953 to **21 MAY**, 1953 that I last saw the deceased alive on **21 MAY**, 1953, and that death occurred at **2:54 a.m.**, from the causes and on the date stated above.23A. SIGNATURE **Felix P. Morrey** M.O. **FRANKLIN SQUARE HOSPITAL** 23B. ADDRESS **21 MAY 1953**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **May 23, 1953** 24C. NAME OF CEMETERY OR CREMATORY **Green Haven Cemetery** 24D. LOCATION (City, town, or county) (State) **Brooklyn RFD**DATE RECEIVED BY LOCAL REGISTRAR **MAY 22 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **R. V. Singleton** ADDRESS **Shen Burnie, Md.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT				53 4818	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 53 4818				2. DATE OF DEATH May 20, 1953	
1. NAME OF DECEASED (Type or Print) WILLIAM F. WATKINS					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (not in hospital or institution, give street address or location) St. Joseph's Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-04	
C. Length of stay in Baltimore LIFETIME Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 613 E. 30th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 4-1-1890	9. AGE (In years last birthday) 63	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10B. KIND OF BUSINESS OR INDUSTRY KOPPERS		11. BIRTHPLACE (State or foreign country) BALTO. MD.	
13. FATHER'S NAME WILLIAM H. WATKINS		14. MOTHER'S MAIDEN NAME MARY C. GLENN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES WORLD WAR I		16. SOCIAL SECURITY NO. 212-09-8879		17. INFORMANT SISTER ADDRESS MRS. BESSIE McLAUGHLIN 613 E. 30th ST.	
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER [Signature] M.D. ASSISTANT MEDICAL EXAMINER [Signature] MEDICAL INVESTIGATOR [Signature]		23C. DATE SIGNED May 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-23-1953		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) BALTO. MD		24E. LOCATION (State)			
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS 2343 HARFORD RD	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4819

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write full rural and give township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years;
last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1953, to 5-21, 1953, that I last saw the
deceased alive on 5-20, 1953, and that death occurred at 1400 n., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

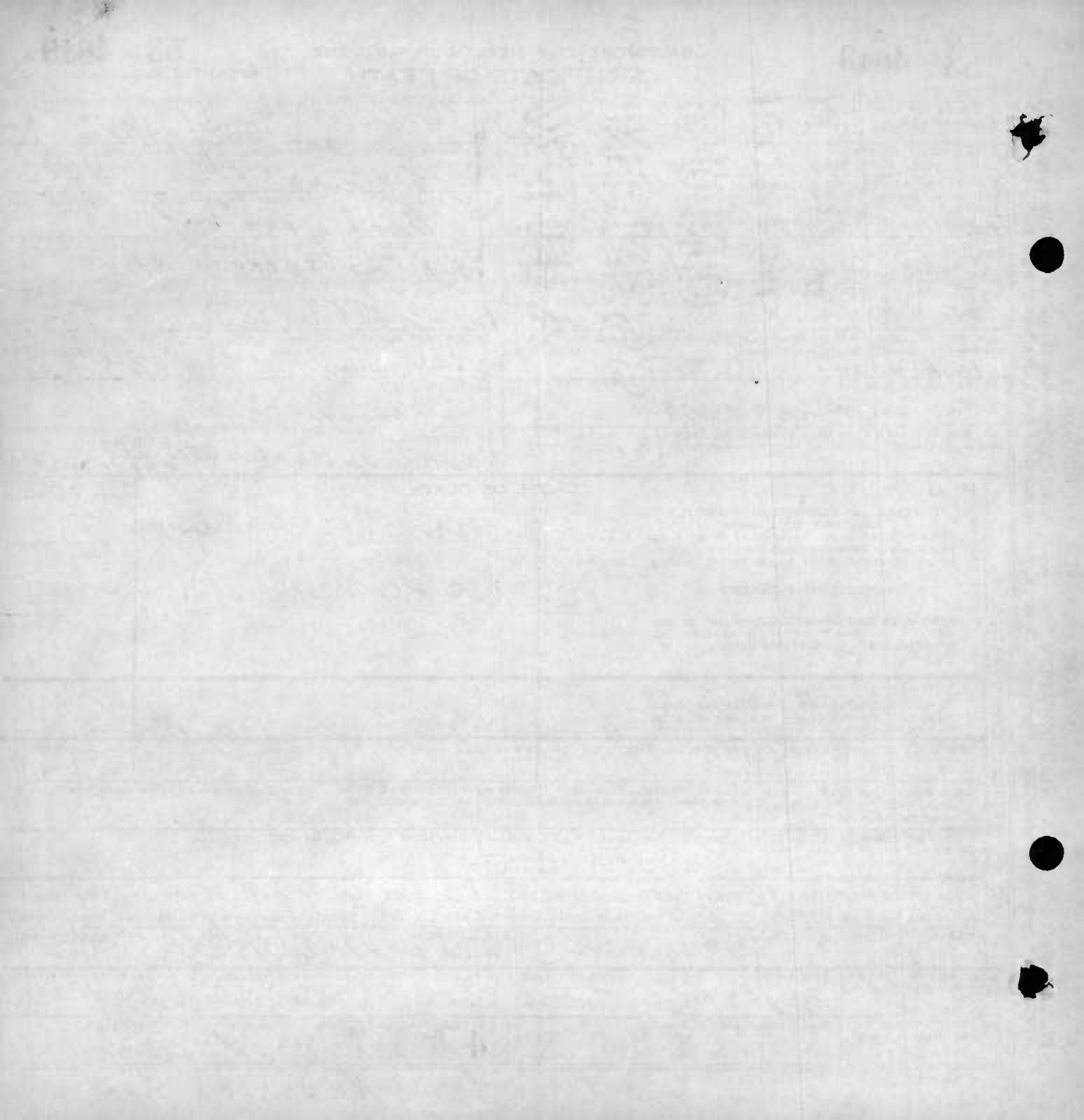
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

53 4820

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4820
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOSES ADAMS, Jr.

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION

Wyman Pk. Drive & 1st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

20-06

D. STREET ADDRESS (If rural, give location)

3020 Stafford street

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

4/8/80

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Vermont

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Moses Adams, Sr.

14. MOTHER'S MAIDEN NAME

Georgianna Hobart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

SAW

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of bile ducts with
biliary cirrhosis12 mos.
Approx.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) pneumonia left lower lobe

Terminal

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1953 to May 21, 1953, that I last saw the
deceased alive on May 21, 1953 and that death occurred at 10:55 AM from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

5/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

MAY 23 1953

24C. NAME OF CEMETERY OR CREMATORY

Old Balto. Nat. Cem.

24D. LOCATION (City, town, or county)

Balto. Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J.A. Hunter

25. FUNERAL DIRECTOR

A. Schwalb

ADDRESS

3512 Frederick Ave.

VS 150

1880

1952

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4821
Registered No.

BIRTH NO. 53 4821

1. NAME OF DECEASED
(Type or Print)

Perry Dixon, Jr.

2. DATE OF DEATH
May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1510 W. Lafayette Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admision)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. 16-02

D. STREET ADDRESS (If rural, give location)

1510 W. Lafayette Ave.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept. 23, 1887 65

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Perry Dixon, Sr.

14. MOTHER'S MAIDEN NAME

Anna Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none17. INFORMANT ADDRESS
Estella Davis 1510 W. Lafayette Ave.

18. 443X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1953 to May 21, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

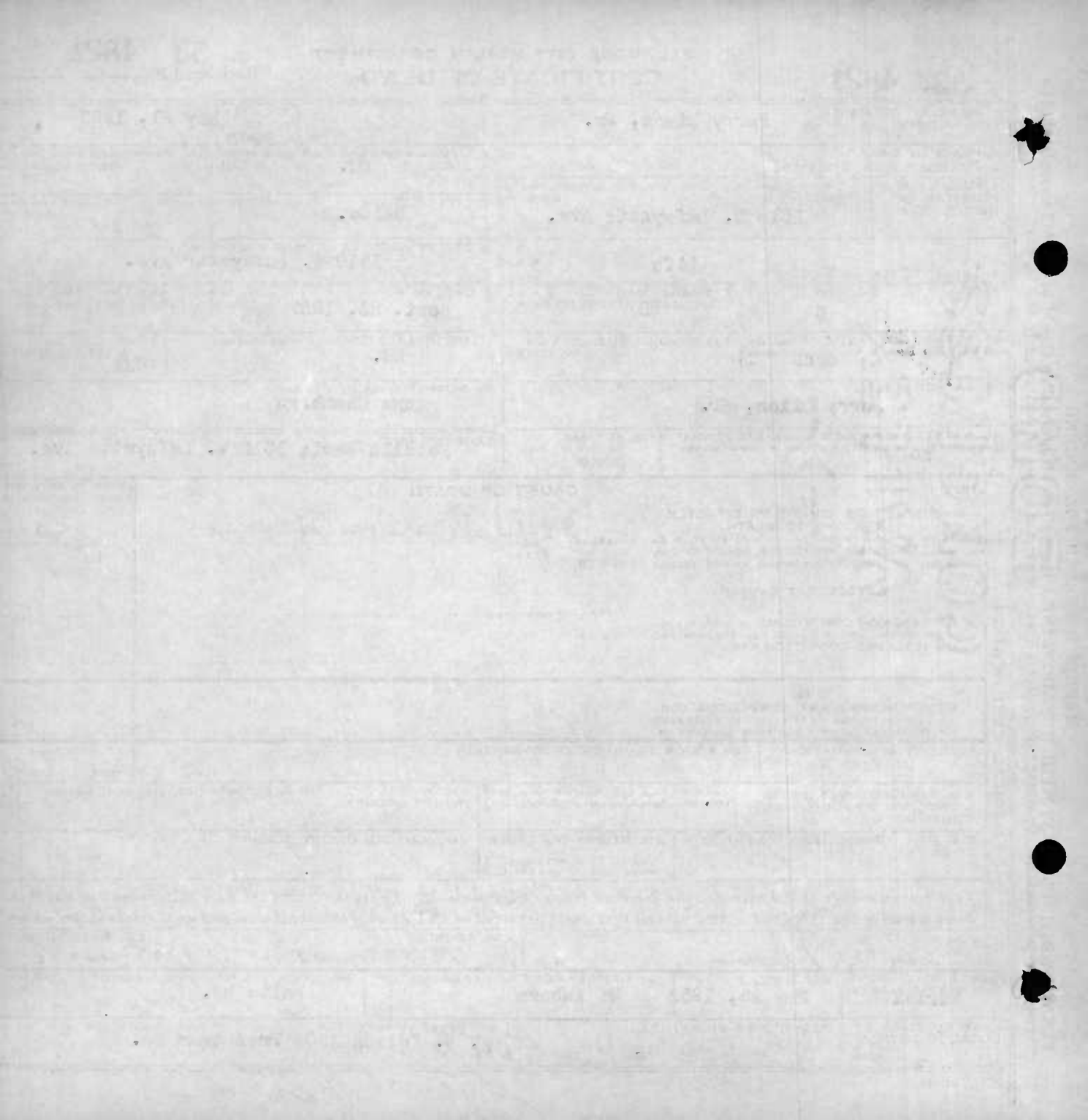
ADDRESS

MAY 22 1953

Huntington

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 4822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4822

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Vitellozi

2. DATE
OF
DEATH

5/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Ind.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

27-01

D. STREET ADDRESS (If rural, give location)

4102 Parkside Drive

C. Length of stay in Baltimore

44 yrs

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

M

W

M

1/26/08

45

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Naval Ego. Stat.

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alfred Vitellozi

14. MOTHER'S MAIDEN NAME

Naomi Castagnetti

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital chart.

18. 180X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypernephroma - rt. kidney

18 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Post operative paralytic ileus & alkalosis

19A. DATE OF OPERATION

5/8/53

19B. MAJOR FINDINGS OF OPERATION

Hypernephroma - rt. kidney

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/4, 1953, to 5/21, 1953, that I last saw the deceased alive on 5/21, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur F. Woodward

M. D.

23B. ADDRESS

Church Home & Hosp. Balto. Ind.

23C. DATE SIGNED

5/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-25-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd. - Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. John C. Vellozzi Inc. 2431 E. Ohio St

25. FUNERAL DIRECTOR

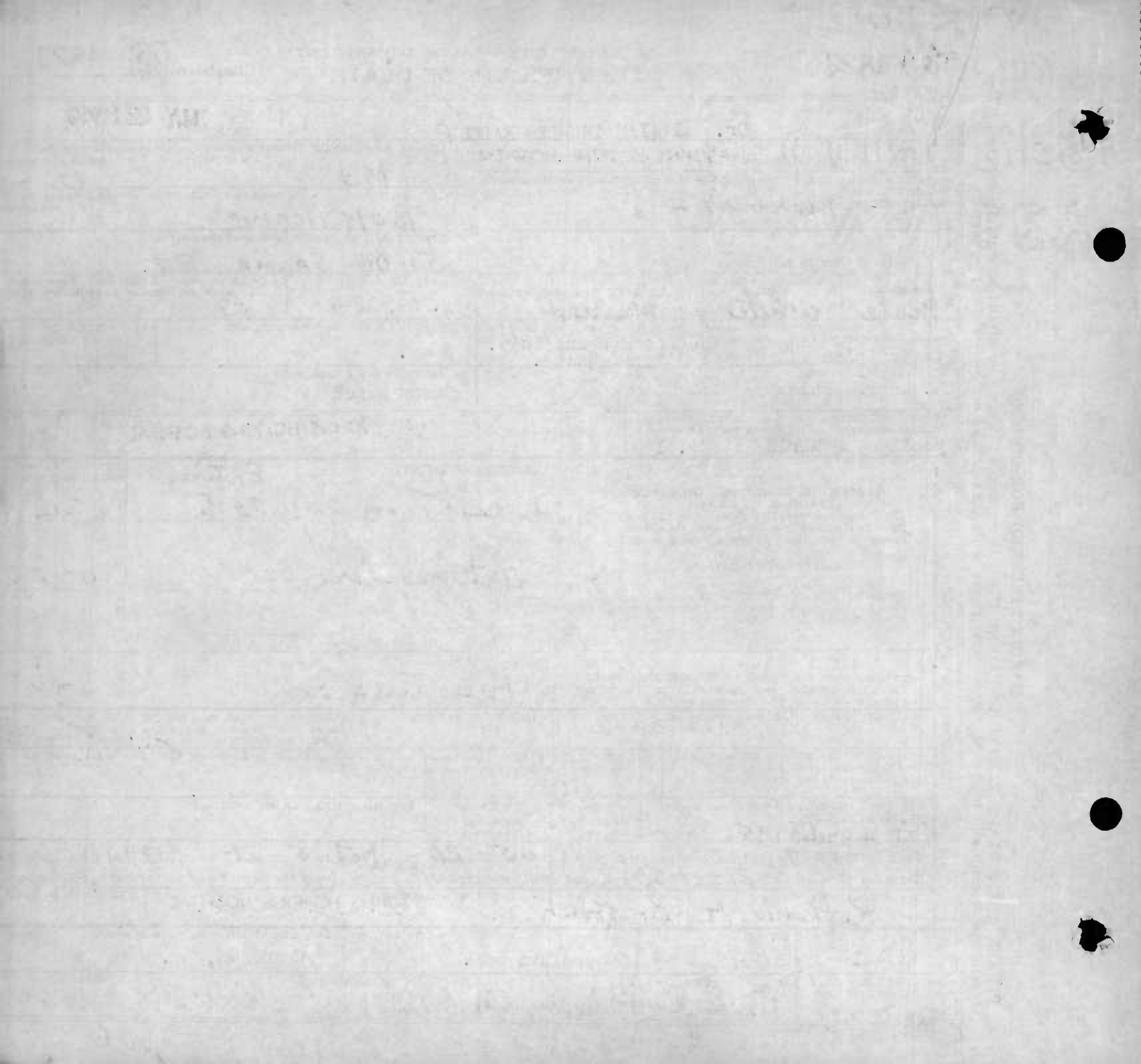
ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 4 L O 53 4823		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4823 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Dr. WILLIAM THURBER FALES				2. DATE OF DEATH MAY 21 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland JOHN'S HOPKINS HOSPITAL				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION marburg - 3				C. CITY OR TOWN BALTIMORE 27-38	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 5406 Sagma Rd	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 29, 1894	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Statistician			10B. KIND OF BUSINESS OR INDUSTRY Johns Hopkins & City of Balto.		11. BIRTHPLACE (State or foreign country) Mass.
13. FATHER'S NAME W. George Fales			14. MOTHER'S MAIDEN NAME Susan Winch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. World War No. 1		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		
18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH Entire Dissection of aorta		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B) Arteriosclerosis		10-15 yrs.	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hypertension		3 yrs.	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) April 1951		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-20-1953 to 5-21-1953 that I last saw the deceased alive on 5-21-1953 and that death occurred at 12:10 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Katherine H. Borfovich M.D.				23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S ADDRESS B/221 E. Pickens & Sons Bacto 17, Md.	
083 93					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

K-652
53 4824BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4824

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES RODGER KEARNS		2. DATE OF DEATH May 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Ohio B. COUNTY V-33	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield	
D. STREET ADDRESS (If rural, give location) 140 E. 5th Street		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		F. Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/27/24
9. AGE (In years, last birthday) 28		10. Under 1 Year Months Days	
11. Under 24 Hours Hours Min.		12. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AB seaman		10B. KIND OF BUSINESS OR INDUSTRY seafarer	
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Christopher Kearns		14. MOTHER'S MAIDEN NAME Mary Sullivan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 293-12-8717	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	
18. 178X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Embryonal cell carcinoma, right testis with widespread metastases DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
INTERVAL BETWEEN ONSET AND DEATH 6 mos.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 27 , 19 53 , to May 22 , 19 53 that I last saw the deceased alive on May 22 , 19 53 , and that death occurred at 3:50 A m., from the causes and on the date stated above.			
23A. SIGNATURE J. A. Hunter J. A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 5/22/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/22/53	
24C. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24D. LOCATION (City, town, or county) (State) Springfield, Ohio	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR Wm. J. Lickner & Sons		ADDRESS Balto. 17, Md.	

CERTIFICATE OF DEATH
EASTWORTH, MISSOURI

1911

CLD

W-340
53 4825BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4825
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Lucretia Woodley

2. DATE
OF
DEATH

5/21/53, 3:12 A.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore 29, Md.

D. STREET ADDRESS (If rural, give location)

4606 Manordene Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9/29/81

9. AGE (in years;
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Puller

14. MOTHER'S MAIDEN NAME

Sarah Soles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL
SECURITY NO.

--

17. INFORMANT

ADDRESS

Mrs. Ethel Muldowney, 4606 Manordene Road

18. 156.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CARCINOMA of Liver

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-20-53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Liver

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1953 to 5-21, 1953, that I last saw the
deceased alive on 5-21, 1953, and that death occurred at 3:12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. B. Perry, Jr.

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/23/53

24C. NAME OF CEMETERY OR CREMATORY

Peninsula Memorial Park

24D. LOCATION (City, town, or county)

Newport News, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Bldg 17, Md.

STATEMENT OF THE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of nursing home		20. Signature of other institution	
21. Signature of other institution		22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution		28. Signature of other institution	
29. Signature of other institution		30. Signature of other institution		31. Signature of other institution		32. Signature of other institution	
33. Signature of other institution		34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution		40. Signature of other institution	
41. Signature of other institution		42. Signature of other institution		43. Signature of other institution		44. Signature of other institution	
45. Signature of other institution		46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution		52. Signature of other institution	
53. Signature of other institution		54. Signature of other institution		55. Signature of other institution		56. Signature of other institution	
57. Signature of other institution		58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution		64. Signature of other institution	
65. Signature of other institution		66. Signature of other institution		67. Signature of other institution		68. Signature of other institution	
69. Signature of other institution		70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution		76. Signature of other institution	
77. Signature of other institution		78. Signature of other institution		79. Signature of other institution		80. Signature of other institution	
81. Signature of other institution		82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution		88. Signature of other institution	
89. Signature of other institution		90. Signature of other institution		91. Signature of other institution		92. Signature of other institution	
93. Signature of other institution		94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution		100. Signature of other institution	

MARGIN RESERVED FOR BINDING

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-216
53 4826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4826

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		BERIHA E. SHACKFORD		May 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2611 Garrison Blvd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2611 Garrison Blvd.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 23, 1864	9. AGE (In years: last birthday) 88	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Prince Edward Island, Canada	
13. FATHER'S NAME John MacKenzie		14. MOTHER'S MAIDEN NAME Augustina Nelson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Ida A. Shackford-2611 Garrison Blvd.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 4 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/16, 1946 to 5/20, 1953, that I last saw the deceased alive on 5/20, 1953, and that death occurred at 11:15 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Reite		23B. ADDRESS M. D. 3408 Windsor Ave.		23C. DATE SIGNED 5/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/23/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
				24D. LOCATION (City, town, or county) (State) Everett, Mass.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS J. Pickner & Sons Box 17, Med.	

NOT VALID FOR DEATH RECORDS
 THIS CERTIFICATE IS NOT VALID FOR DEATH RECORDS
 THIS CERTIFICATE IS NOT VALID FOR DEATH RECORDS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED Type or Print		2. PLACE OF DEATH Baltimore City, Maryland		3. DATE OF DEATH	
4. FULL NAME OF DECEASED HOSPITAL OR INSTITUTION		5. SEX Male		6. DATE OF BIRTH	
7. STREET ADDRESS - If rural give nearest town		8. CITY OR TOWN		9. STATE	
10. RACE OR ETHNICITY		11. MARRIAGE STATUS Single, Married, Widowed, Divorced		12. DATE OF MARRIAGE	
13. PATIENT'S NAME		14. HIGHER SCHOOL NAME		15. DATE OF BIRTH	
16. DATE OF DEATH		17. TIME OF DEATH		18. PLACE OF DEATH	
19. CAUSE OF DEATH		20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		21. DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION	
22. DATE OF OPERATION		23. OPERATION FOR WHICH OPERATION WAS PERFORMED		24. DATE OF OPERATION	
25. ACCIDENT OR OTHER CAUSE OF DEATH		26. HOW DID INJURY OCCUR		27. DATE OF INJURY	
28. DATE OF DEATH		29. TIME OF DEATH		30. PLACE OF DEATH	
31. SIGNATURE		32. SIGNATURE		33. SIGNATURE	
34. SIGNATURE		35. SIGNATURE		36. SIGNATURE	
37. SIGNATURE		38. SIGNATURE		39. SIGNATURE	
40. SIGNATURE		41. SIGNATURE		42. SIGNATURE	
43. SIGNATURE		44. SIGNATURE		45. SIGNATURE	
46. SIGNATURE		47. SIGNATURE		48. SIGNATURE	
49. SIGNATURE		50. SIGNATURE		51. SIGNATURE	
52. SIGNATURE		53. SIGNATURE		54. SIGNATURE	
55. SIGNATURE		56. SIGNATURE		57. SIGNATURE	
58. SIGNATURE		59. SIGNATURE		60. SIGNATURE	
61. SIGNATURE		62. SIGNATURE		63. SIGNATURE	
64. SIGNATURE		65. SIGNATURE		66. SIGNATURE	
67. SIGNATURE		68. SIGNATURE		69. SIGNATURE	
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76. SIGNATURE		77. SIGNATURE		78. SIGNATURE	
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88. SIGNATURE		89. SIGNATURE		90. SIGNATURE	
91. SIGNATURE		92. SIGNATURE		93. SIGNATURE	
94. SIGNATURE		95. SIGNATURE		96. SIGNATURE	
97. SIGNATURE		98. SIGNATURE		99. SIGNATURE	
100. SIGNATURE		101. SIGNATURE		102. SIGNATURE	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 4827

BIRTH NO. 53 4827

1. NAME OF DECEASED
(Type or Print)

Moore, Annie May

2. DATE OF DEATH May 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2729 E. Monument Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

MAY 17, 1888

9. AGE (in years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHRISTOPHER CHAPMAN

14. MOTHER'S MAIDEN NAME

ELIZABETH ANN WILKINSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

EDW. MOORE,

ADDRESS

SAME

18.

433.11

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Auricular fibrillation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 14, 1953, to May 20, 1953 that I last saw the deceased alive on May 20, 1953, and that death occurred at 7:55p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ricardo J. Brainerd

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

May 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-23-53

24C. NAME OF CEMETERY OR CREMATORY

OREMUS

24D. LOCATION (City, town, or county)

MIDDLE RIVER

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

6000 Hayford Rd

MINISTRY OF HEALTH
CENTRAL CASE OF DEATH

1957

2-10-57

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. 53 4828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4828

1. NAME OF DECEASED (Type or Print) *Franka Toft*

2. DATE OF DEATH *May 16, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE *Ind.* B. COUNTY *Baltimore*

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

6. STREET ADDRESS (If rural, give location)
810 Silver Ave 5354

7. FULL NAME OF (If not in hospital or institution, give street address or location)
33

8. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days

9. SEX *male*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

12. DATE OF BIRTH *April 7 - 1932*

13. AGE (In years last birthday) *70*

14. BIRTHPLACE (State or foreign country) *Balto. Ind.*

15. CITIZEN OF WHAT COUNTRY?

16. FATHER'S NAME *Unk.*

17. MOTHER'S MAIDEN NAME *Unk.*

18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

19. SOCIAL SECURITY NO.

20. INFORMANT *JOHNS HOPKINS HOSPITAL*

21. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Disseminated Tuberculosis

22. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____
(C) _____

23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION *5-14*

25. CONDITION FOR WHICH OPERATION WAS PERFORMED

26. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

27. AUTOPSY? YES ☒ NO ☐

28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

30. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

31. TIME (Month) (Day) (Year) (Hour) OF INJURY

32. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

33. HOW DID INJURY OCCUR?

34. I hereby certify that I attended the deceased from *5-14*, 19*53* to *5-16*, 19*53*, that I last saw the deceased alive on *5-16*, 19*53*, and that death occurred at *6:15 Pm.*, from the causes and on the date stated above.

35. SIGNATURE *David Leiker* M. O.

36. ADDRESS *JOHNS HOPKINS HOSPITAL*

37. DATE SIGNED *5-17-53*

38. BURIAL, CREMATION, REMOVAL (Specify)
Burial

39. DATE *5/23/53*

40. NAME OF CEMETERY OR CREMATORY *St. Vincent.*

41. LOCATION (City, town, or county) (State)
German Hill Rd Ind.

42. DATE RECEIVED BY LOCAL REGISTRAR *MAY 22 1953*

43. REGISTRAR'S SIGNATURE *William A. Williams, Jr.*

44. FUNERAL DIRECTOR *James J. Connolly*

45. ADDRESS *418 Eastern Ave Balto. Md.*

1882 22

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION

1882

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION

2-17-2

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4829

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)2. DATE
OF
DEATH May 21 - 1953
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951, to 5/21, 1953 that I last saw the
deceased alive on 5/7, 1953, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

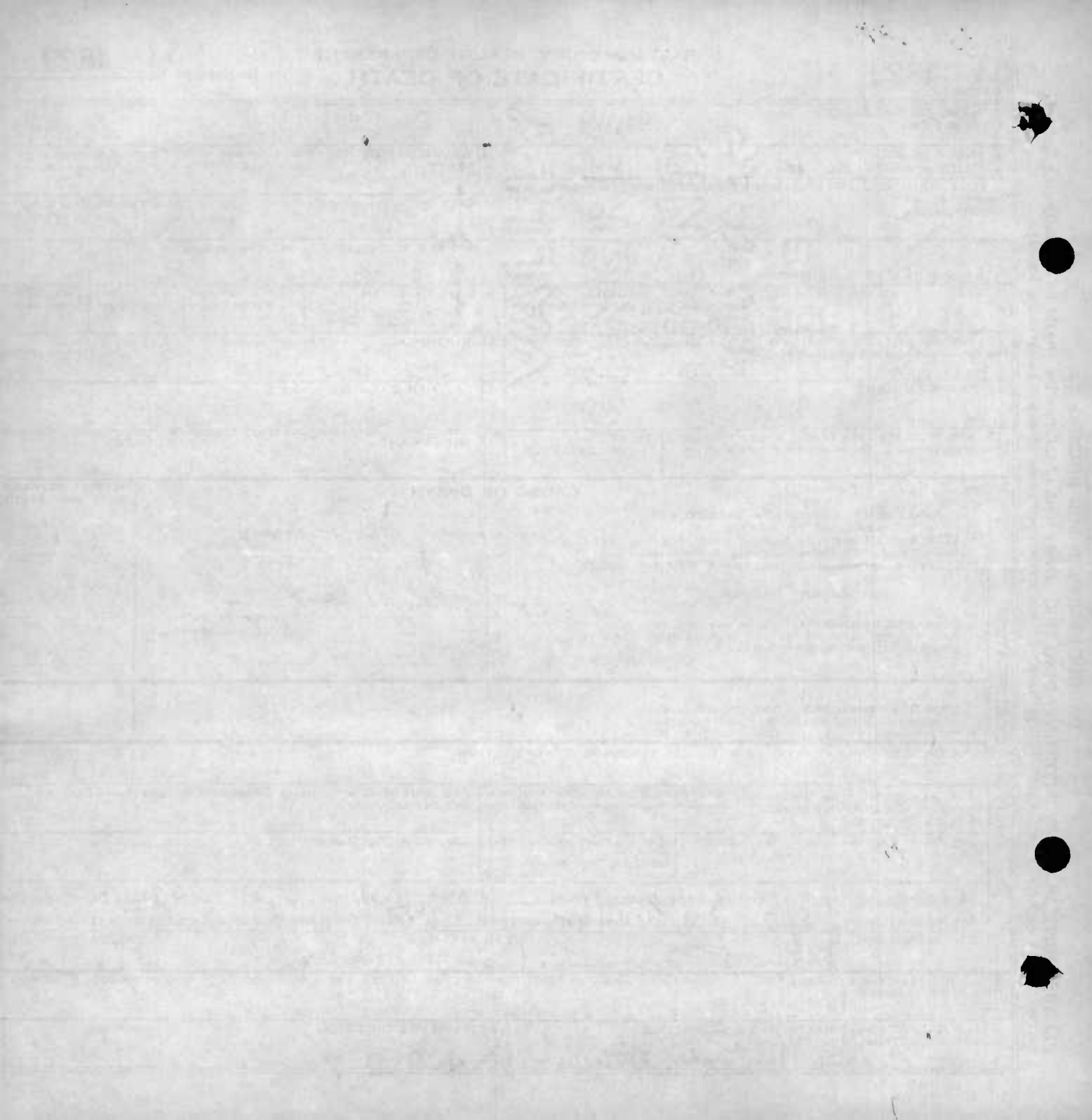
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-625
53 4830BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4830

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sidney Worsham

2. DATE
OF
DEATH

MAY 22 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 446x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Pulmonary Emphysema

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18-1953 to 5-22-1953 that I last saw the deceased alive on 5-22-1953 and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

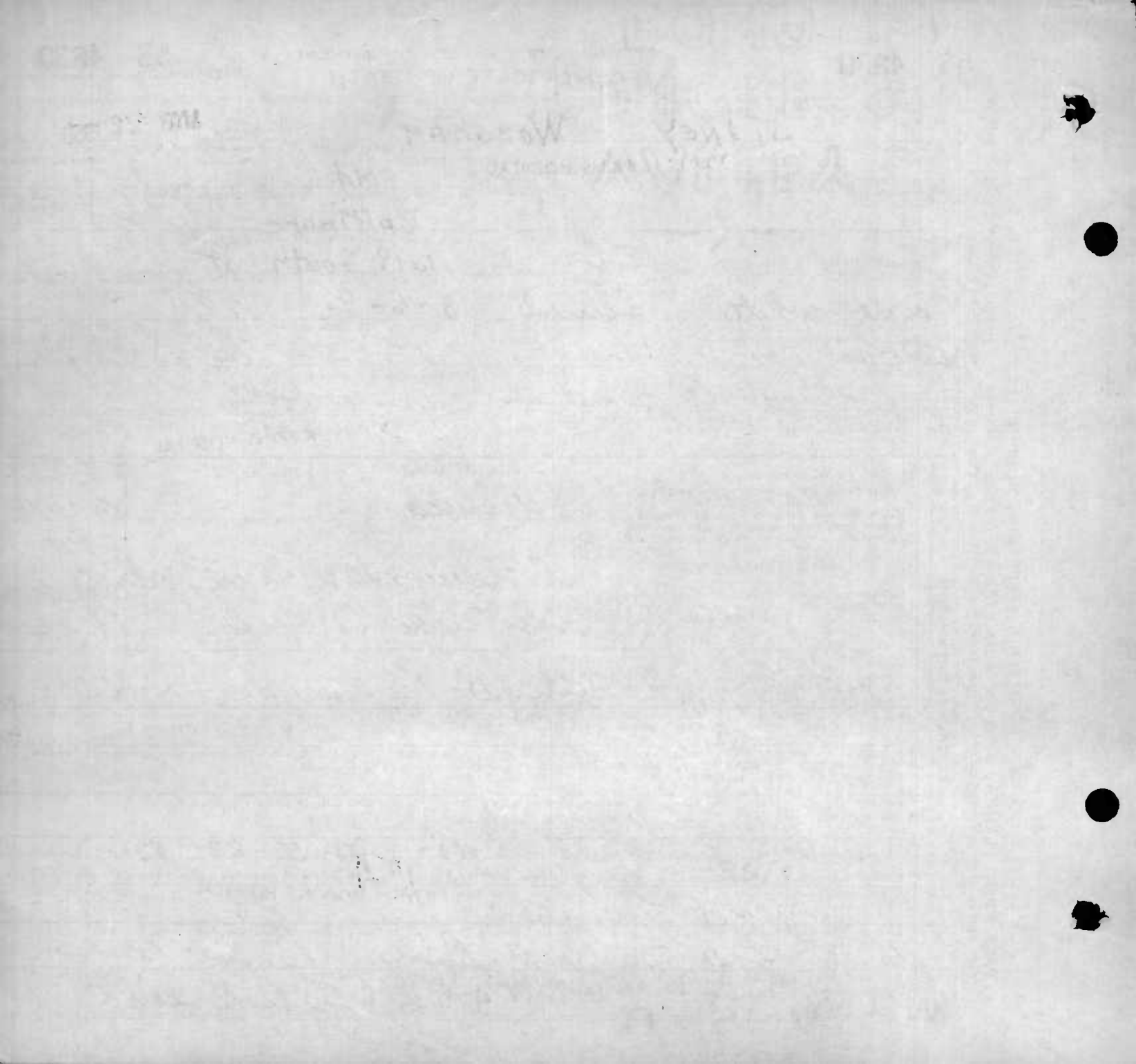
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

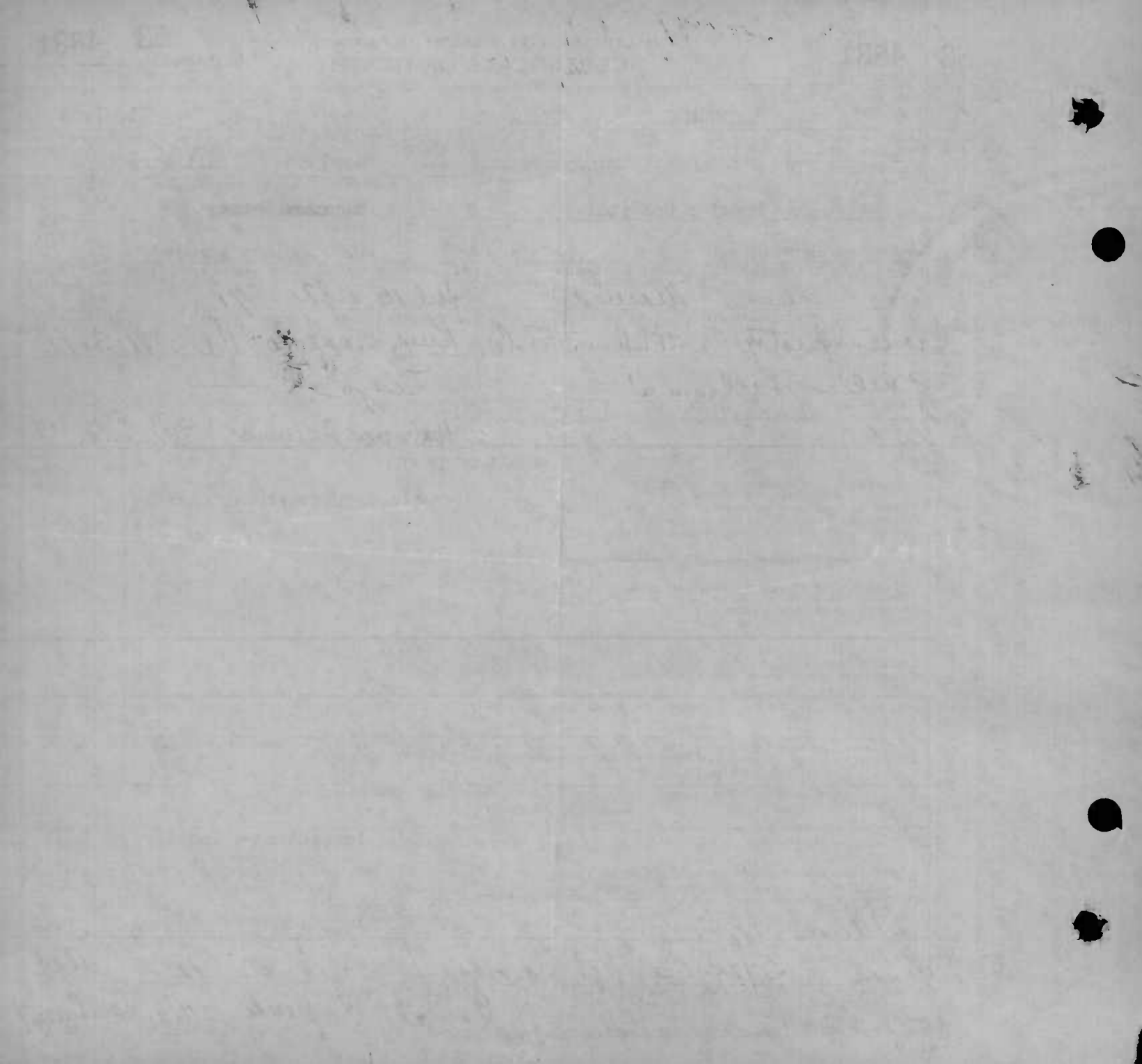
290619



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4831 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) NATHANIEL WILLIAMS				2. DATE OF DEATH May 21, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edgemere 5300	
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) 202 Woodlawn Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1882	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Crane Operator Bethlehem Steel Co.		10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.		11. BIRTHPLACE (State or foreign country) King George Co. Va. U.S.A.	
13. FATHER'S NAME Billie Williams		14. MOTHER'S MAIDEN NAME Liza		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-10-2792		17. INFORMANT Malina Williams 202 Woodlawn Ave Edgemere	
18. 422.1 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED May 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/24/53		24C. NAME OF CEMETERY OR CREMATORY Int. Calvary	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24D. LOCATION (City, town, or county) (State) A. A. Co. Md.	
25. FUNERAL DIRECTOR <i>Robert P. Spring - 1216 W. Carline St.</i>					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4832

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SIMPSON BLACKWOOD

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maine

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Service

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Lewiston township)

D. STREET ADDRESS (If rural, give location)

10 Leda street

c. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

7/14/92

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chief mate

10B. KIND OF BUSINESS OR
INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Blackwood

14. MOTHER'S MAIDEN NAME

? Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 144X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) squamous cell carcinoma hard
palateLess than
2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1952 to May 21, 1953 that I last saw the
deceased alive on May 21, 1953, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

5/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/22/53

24C. NAME OF CEMETERY OR CREMATORY

Grand Army Republic Lewiston Mass

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

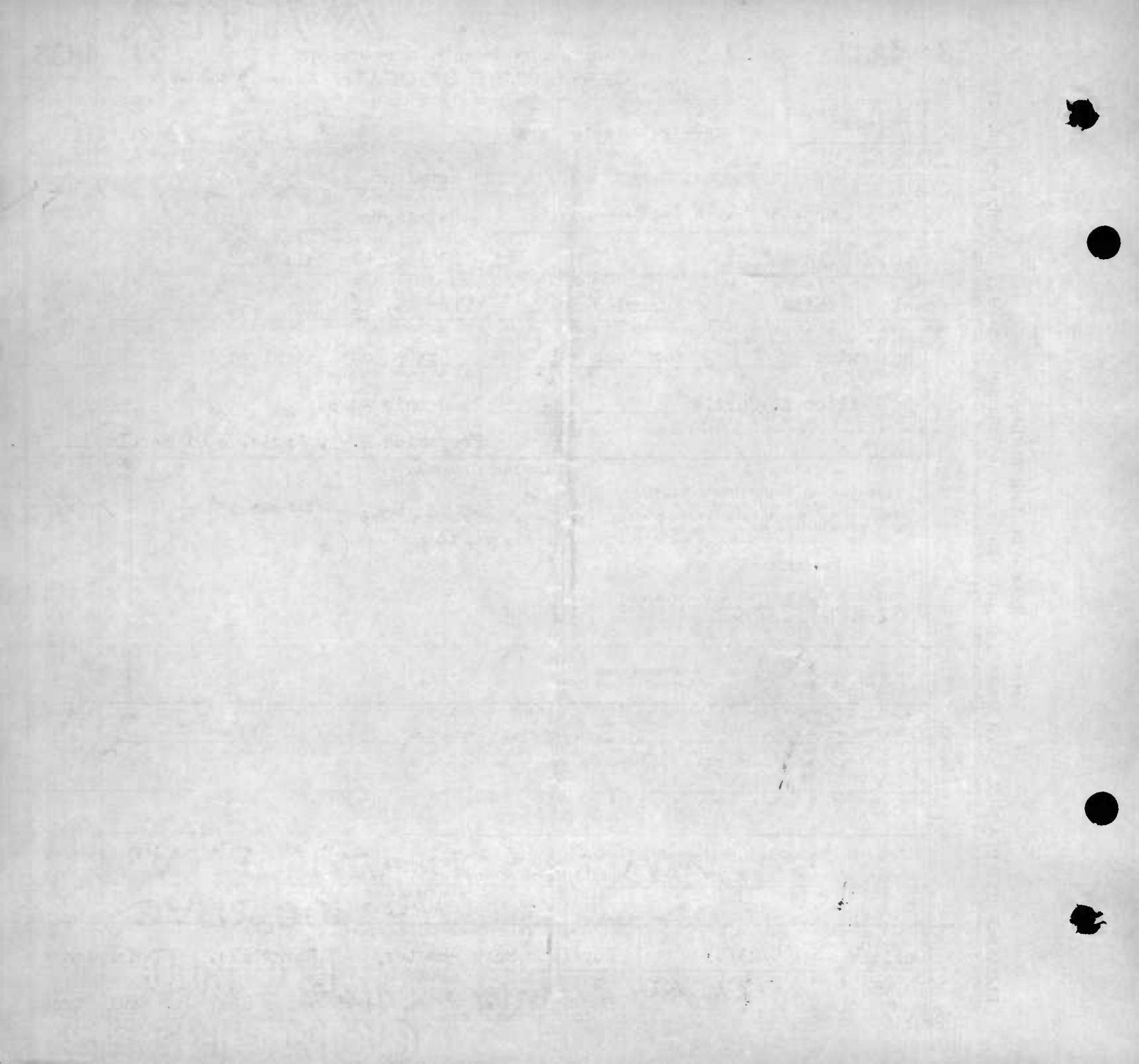
W. A. Cook Inc 1217 St Paul St.

K-640
53 4833BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4833
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Harriet Olivia Karle	
2. DATE OF DEATH May 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4301 Marble Hall Road	
C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4301 Marble Hall Road	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 15, 1896	
9. AGE (In years last birthday) 56	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10B. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Grass Lake, Michigan	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Alton E. Curtis	
14. MOTHER'S MAIDEN NAME Jennie Bowen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT Frederick W. A. Karle, 4301 Marble Hall Rd.	
ADDRESS	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma lower intestine DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	
19A. DATE OF OPERATION about 1 yr	
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma	
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1952 to May 21, 1953 that I last saw the deceased alive on May 4, 1953 and that death occurred at 9:30 A. M. from the causes and on the date stated above.	
23A. SIGNATURE M. E. Egan	
23B. ADDRESS 443 E. 5th	
23C. DATE SIGNED May 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	
24B. DATE 5/23/53	
24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery	
24D. LOCATION (City, town, or county) (State) Parkville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1953	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. G. B. Inc.	
ADDRESS 1217 St. Paul Street	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BIRTH NO. 53 4834		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4834 Registered No.	
1. NAME OF DECEASED (Type or Print) Ella Elizabeth Ireland			2. DATE OF DEATH May 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4300 Anntana Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4300 Anntana Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH January 21, 1878	9. AGE (In years last birthday) 75	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Ebley			14. MOTHER'S MAIDEN NAME Ella Sheffield		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Rosa Ebley, 4300 Anntana Avenue		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A. Cerebral Hemorrhage B. Hypertension C. Senility DUE TO INTERVAL BETWEEN ONSET AND DEATH 10 hrs.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951 to 5-21-53, that I last saw the deceased alive on 5-21-53, and that death occurred at 6:30 PM from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) burial			24B. DATE 5/23/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) Baltimore, Maryland			24E. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street		

100-1-54

WATLEY
CORP
BOND
COOKING
U.S.

A-216
53 4835BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4835
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Aspril

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year

If Under 24 Hours

male

White

married

10-18-1872

80

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Ship Draftsman

13. FATHER'S NAME

Charles B. Aspril

Delaware

Mary Aldrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT'S NAME ADDRESS

No

216-07-9572

JOHNS HOPKINS HOSPITAL

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Central Vascular Accident, probable

approx.
30 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis, severe

Unknown

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1953 to 5-21, 1953, that I last saw the
deceased alive on 5-21, 1953, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1953

Huntington Williams

Wm. G. GOR, Inc.

1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE
William Wood M.D.
CHIEF OR ASST. MEDICAL EXAMINER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4836**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Michael King

 2. DATE
OF
DEATH

5/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Bon Secour Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore
20-01

D. STREET ADDRESS (If rural, give location)

1928 W. Fayette St.

c. Length of stay in Baltimore

53

 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

6/10/1880

9. AGE (in years last birthday)

72

 10 Under 1 Year
Months: Days

 11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

B+ORR

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick King

14. MOTHER'S MAIDEN NAME

Anne Nugent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

 17. INFORMANT, ADDRESS - *ave*
Mr Patrick King 433 Baltimore

 18. *420.1*

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Coronary Thrombosis

DUE TO

Hypertensive Cardiovascular

DUE TO

Generalized Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

1 da
6 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from *11/10/52*, 19*52*, to *5/22/53*, 19*53*, that I last saw the deceased alive on *5/22/53*, 19*53* and that death occurred at *10:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

John G. Lawrence

M. D.

23B. ADDRESS

675 Washington Blvd

23C. DATE SIGNED

5/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/26/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John G. Lawrence

25. FUNERAL DIRECTOR

John G. Lawrence

ADDRESS

4300 Old Frederick Rd

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>	
<p>2. Sex: _____</p>	
<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>	
<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>	
<p>8. Signature of registrar: _____</p>	
<p>9. Signature of informant: _____</p>	
<p>10. Signature of witness: _____</p>	
<p>11. Signature of funeral director: _____</p>	
<p>12. Signature of coroner: _____</p>	
<p>13. Signature of justice of the peace: _____</p>	
<p>14. Signature of county clerk: _____</p>	
<p>15. Signature of state registrar: _____</p>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4837 Registered No. 53 4837

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Lawton Barnett

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3419 Dudley Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3419 Dudley Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 20, 1896

9. AGE (In years,
last birthday)

57

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Fire Dept.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James T. Barnett

14. MOTHER'S MAIDEN NAME

Mary Margaret Hand

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Anna Agnes Barnett 3419 Dudley Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary artery disease

6 months

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic hypertension

Over
6 months

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

✓

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1953, to May 21, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Frank N. Oyler

M. D.

23B. ADDRESS

2701 N. Calvert St

23C. DATE SIGNED

May 22, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/25/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem. & Baltimore

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

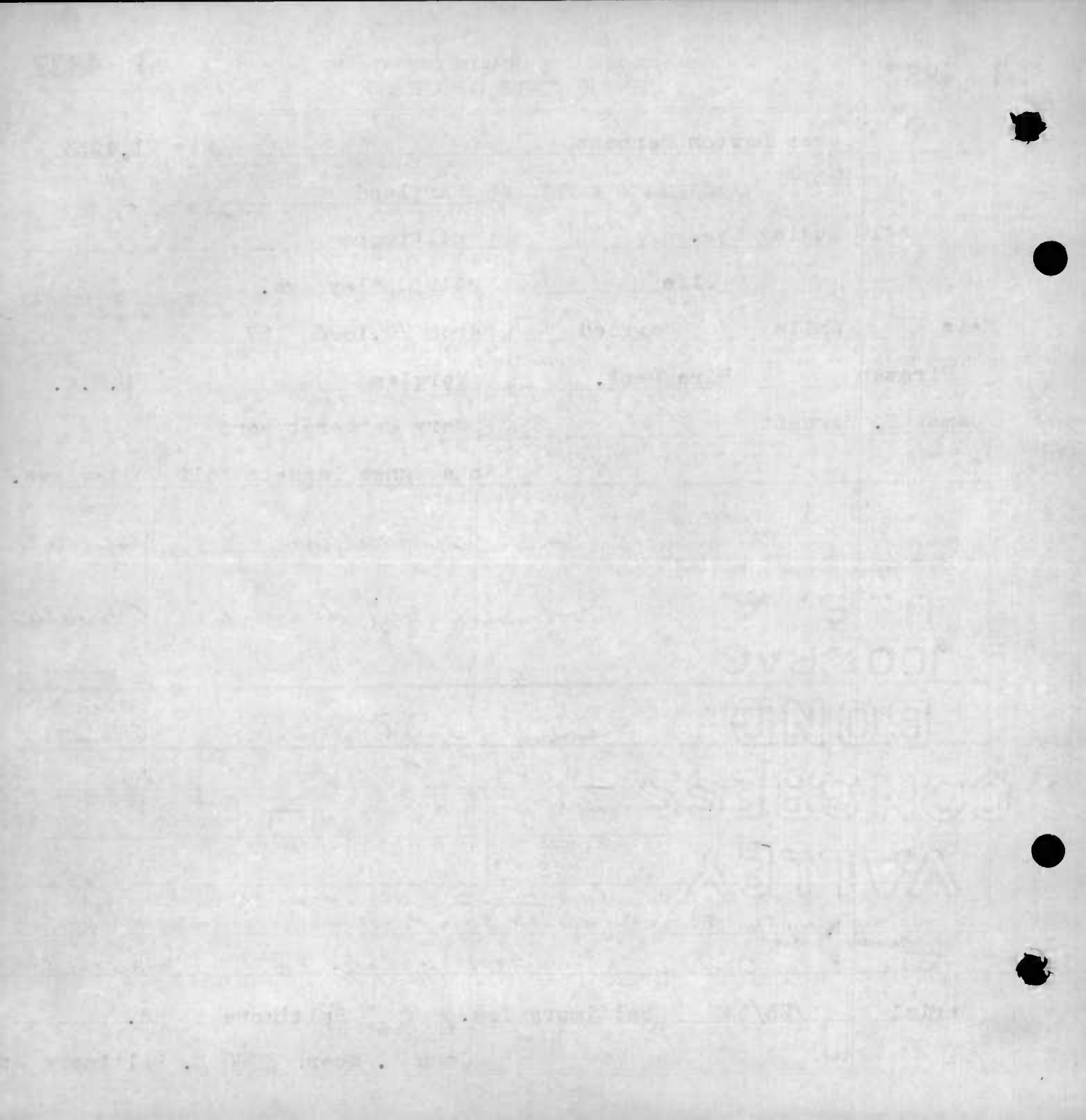
REGISTRAR'S SIGNATURE

May 22 1953 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moarn 3000 E. Baltimore St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4838
Registered No. _____B-620
53 4838
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

M. Jane Burk

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

620 E. 35 th Street

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

8 Yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

620 E. 35th Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.

Female White

Widowed

July 12, 1883 70

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Harry Love 620 E. 35th Street
Balti., Md.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Acute pulmonary edema

hours

ANTECEDENT CAUSES

(B)
DUE TO

Hypertensive Cardiovascular Disease

years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from May 18, 1953, to May 21, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis R. Maer

M. D.

23B. ADDRESS

4335 Park Heights Ave

23C. DATE SIGNED

5/22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 23, 1953 St. John Lutheran Cem. Sweet Air, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1953

Huntington Williams, M.D.

John A. Moran, 3000 E. Balti., St.

Balti., Md.

Dr. Mased

4335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4839**BIRTH NO. **53 4839**1. NAME OF DECEASED
(Type or Print) **WERNER SAUER**2. DATE OF DEATH **May 21-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1910 Harlem Ave**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **md** B. COUNTY **16-04**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore **Life**Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
1910 Harlem Ave5. SEX **male**6. COLOR OR RACE **white**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed8. DATE OF BIRTH **Sept 14, 1870**9. AGE (In years last birthday) **82** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman10B. KIND OF BUSINESS OR INDUSTRY
Gent's Furnishing11. BIRTHPLACE (State or foreign country)
Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Justus Sauer14. MOTHER'S MAIDEN NAME
Katherine Menkel15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no**16. SOCIAL SECURITY NO. **216-12-3984**17. INFORMANT ADDRESS
Alma E. Sauer 1910 Harlem Ave18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebral Thrombosis

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Hypertension

(B) DUE TO

(C) **Generalized Atherosclerosis**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

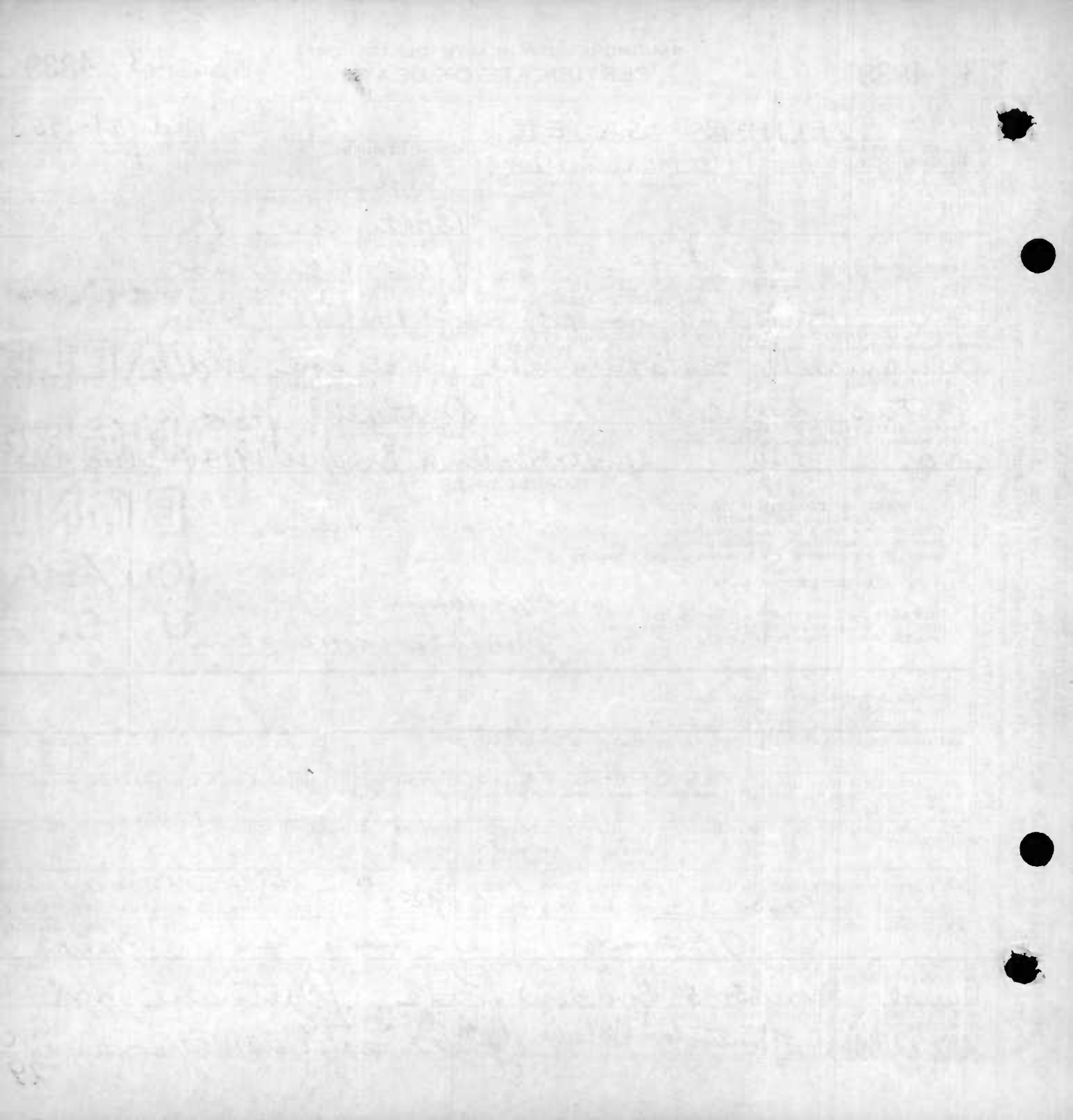
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 20**, 19**53**, to **May 21**, 19**53**, that I last saw the deceased alive on **May 20**, 19**53**, and that death occurred at **9:30 a. m.**, from the causes and on the date stated above.23A. SIGNATURE
Samuel Schwartz

M. D.

23B. ADDRESS
2320 Eastern Place23C. DATE SIGNED
5/22/5324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
May 25, 195324C. NAME OF CEMETERY OR CREMATORY
Landon Park24D. LOCATION (City, town, or county) (State)
Baltimore MdDATE RECEIVED BY LOCAL REGISTRAR
MAY 22 1953REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
John F. GriefelADDRESS
5311 Edmondson Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4840

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

20410

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1953, to May 21, 1953, that I last saw the deceased alive on May 21, 1953 and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

0534 32

STATE OF TEXAS

1918

CERTIFICATE OF DEATH

1918

DEATH OF

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Witness

Signature of Minister

Signature of Undertaker

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4841**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Mary M. Harris**2. DATE
OF
DEATH**May 21, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**St. Joseph's Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

1612 Elsworth St.c. Length of stay in Baltimore **40 Yrs.**Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widow**

8. DATE OF BIRTH

May-6-9. AGE (In years
last birthday)**71**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Domestic**10B. KIND OF BUSINESS OR
INDUSTRY**At Home**

11. BIRTHPLACE (State or foreign country)

Virginia12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Prince Stokes

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Ingram 716 N. Asquith St1B. **199.9**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Sen. Cardiovascular Thromb.**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 21, 1953**, to **May 21, 1953** that I last saw the
deceased alive on **May 19**, and that death occurred at **11** m., from the causes and on the date stated above.

23A. SIGNATURE

Donald B. Jones

M. D.

23B. ADDRESS

St. Joseph's Hospital

23C. DATE SIGNED

5-21-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5/25/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chas. S. Wilson 1100 Brantley

ADDRESS

CERTIFICATE OF DEATH

STATE OF NEW YORK

1911

27

1911

1911

1911

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

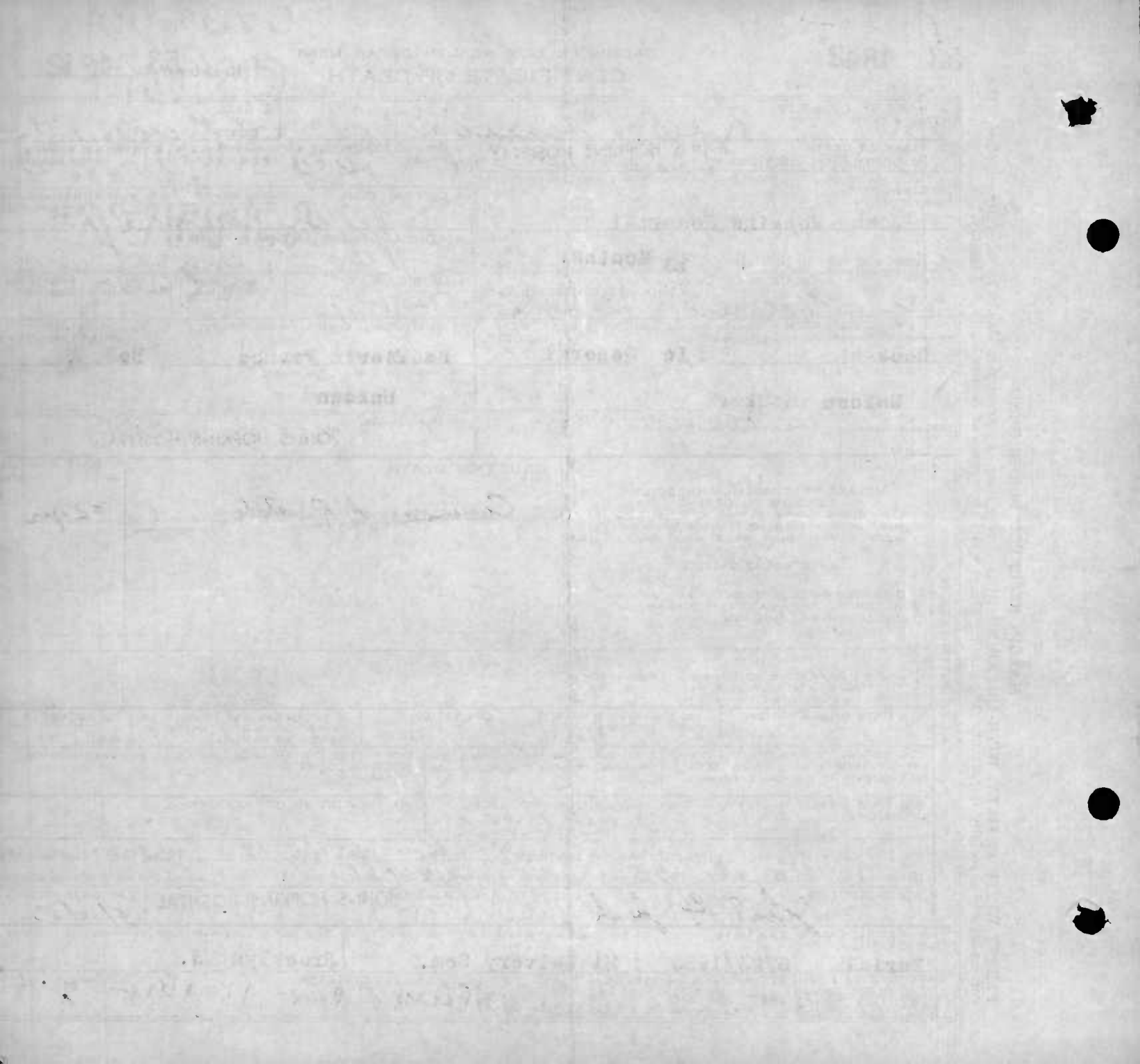
B-220
53 4842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4842

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Leo Basiege</i>		2. DATE OF DEATH <i>May 18, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		JOHNS HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>9-09</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>1402 Central Ave</i>	
c. Length of stay in Baltimore <i>13 Months.</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>7-11-76</i>		9. AGE (in years last birthday) <i>76</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cookstic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>In General</i>		11. BIRTHPLACE (State or foreign country) <i>St. Pierre France</i>	
13. FATHER'S NAME <i>Unknown Stokes</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>No S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Consumption of Prostate</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>22 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>5-12-1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-12-1953</i> to <i>5-18-1953</i> , that I last saw the deceased alive on <i>5-18-1953</i> , and that death occurred at <i>4:15 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John T. Grayhawk</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/18/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/23/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, Mt Calvary, W. Va.</i>		24F. ADDRESS <i>11 No Brimley Ave</i>	

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-340

53 4843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4843 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Carlton Biddle*

2. DATE OF DEATH *May 22-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *New York* COUNTY *Vestal*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
Brady 3

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Vestal

7. STREET ADDRESS (If rural, give location)
R D 2

8. Length of stay in Baltimore
Yrs. Mos. Days

9. SEX *male*

10. COLOR OR RACE *white*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *6-9-05*

13. AGE (In years last birthday) *47*

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Unknown

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)
Pa

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME *Joseph Biddle*

21. MOTHER'S MAIDEN NAME *Ella Greenlaw*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
squamous cell carcinoma
DUE TO *left groin -*

27. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

29. DATE OF OPERATION *1952*

30. CONDITION FOR WHICH OPERATION WAS PERFORMED *hemipelvectomy*

31. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

32. AUTOPSY? YES ☒ NO ☐

33. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

34. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

36. TIME (Month) (Day) (Year) (Hour) OF INJURY

37. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from *3-31-1953* to *5-22-1953*, that I last saw the deceased alive on *5-22-1953*, and that death occurred at *9:15* p. m., from the causes and on the date stated above.

40. SIGNATURE *J. Ralph Quinn Jr.* M. D.

41. ADDRESS *JOHNS HOPKINS HOSPITAL*

42. DATE SIGNED

43. BURIAL, CREMATION, REMOVAL (Notify)

44. DATE *5-23-53*

45. NAME OF CEMETERY OR CREMATORY *Vestal Hills*

46. LOCATION (City, town, or county) (State) *Endicott, New York*

47. DATE RECEIVED BY LOCAL REGISTRAR

48. REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

49. FUNERAL DIRECTOR *Wm. Cook, Inc.*

50. ADDRESS *1217 St. Paul St.*

VS 150

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

M-520

53 4844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4844
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES WILLIAM MUENCH

2. DATE
OF
DEATH May 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 220 S. Castle St.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

220 S. Castle St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 18, 1873

9. AGE (In years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Muench

14. MOTHER'S MAIDEN NAME

Katherine Oheim

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Norman Shaney 220 S. Castle St.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic cardiovascular disease

2 yrs +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus

10 yrs +

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951 to May 20, 1953, that I last saw the
deceased alive on May 20, 1953, and that death occurred at 11:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

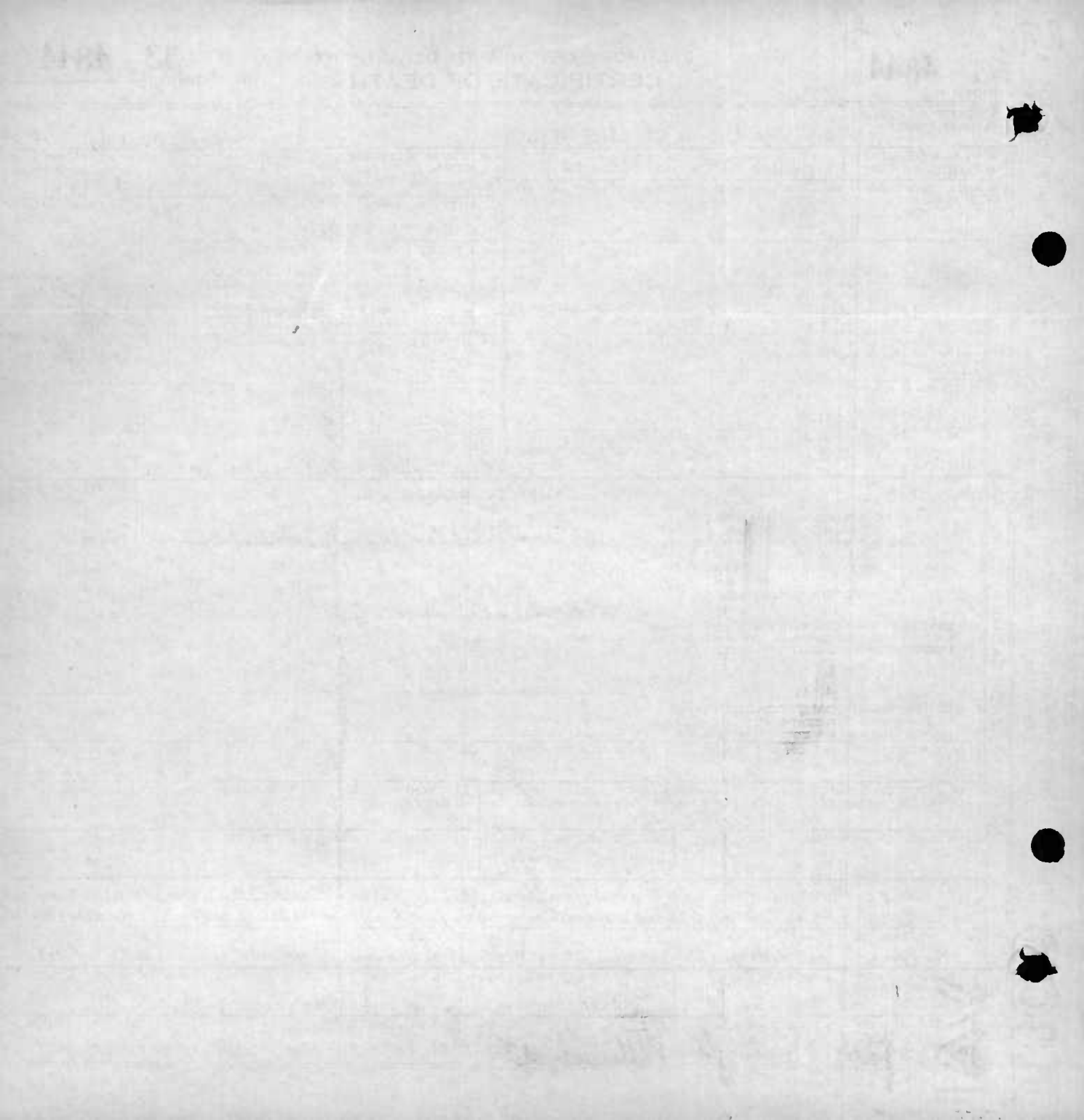
25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1953

Huntington Williams, M.D.

Hllrich Funeral Home 2008 Orleans St.,



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4845**1. NAME OF DECEASED
(Type or Print)**MATTHEWS M. ADA**2. DATE
OF
DEATH**5/21/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED-DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sara E. Gibbons18. **199.9**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/1/53**, 19**53**, to **5/21**, 19**53**, that I last saw the
deceased alive on **5/21**, 19**53**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

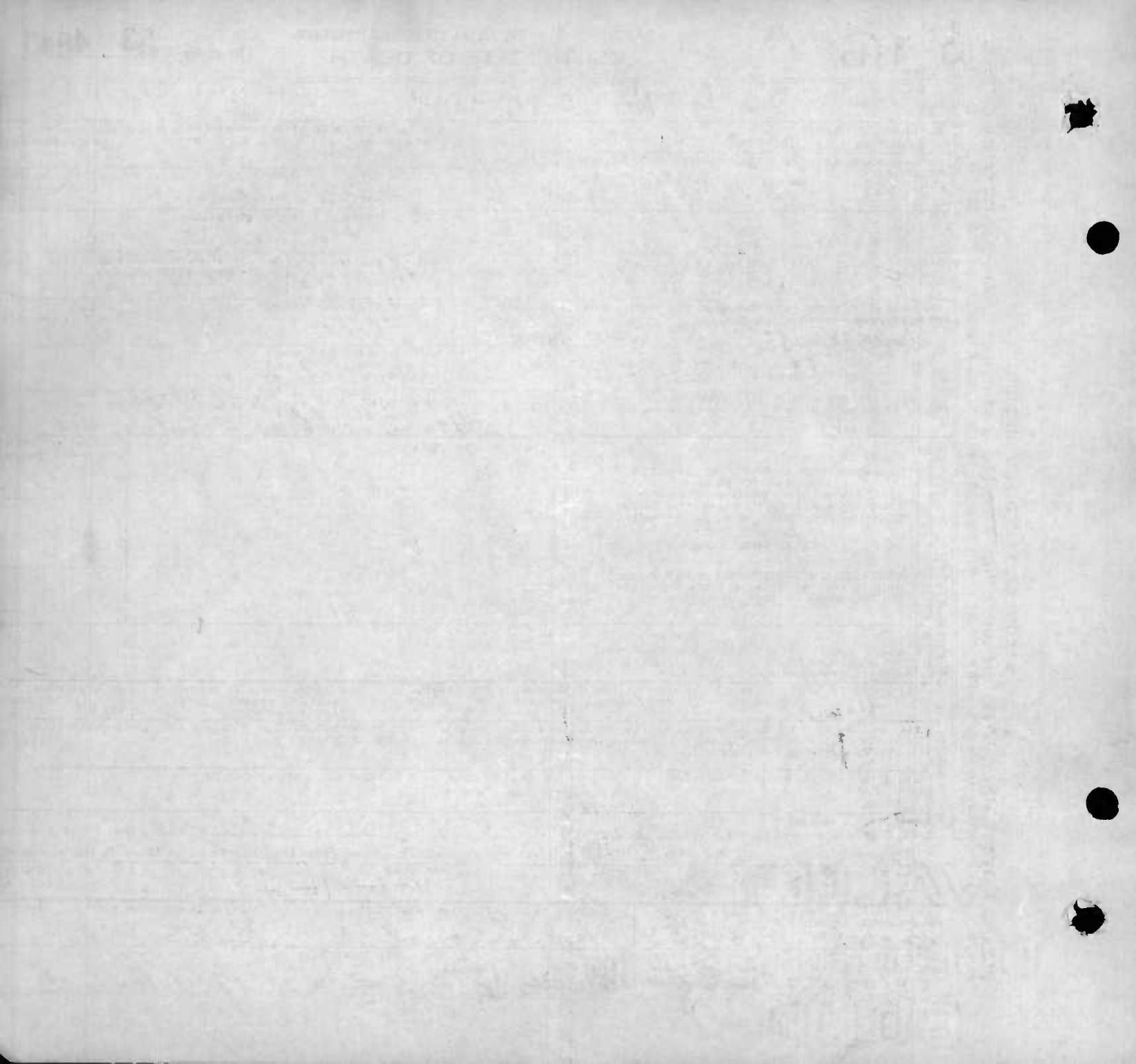
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150



S-460
53 4846BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4846
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1247 William

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

1B.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1953, to May 21, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4847

53 4847

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY GROSS MEYER			2. DATE OF DEATH May 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 27-48		
5. FULL NAME OF HOSPITAL OR INSTITUTION ASHBURTON NURSING HOME			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 719 E. Belvedere Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 25, 1867		9. AGE (in years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Volz			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 104 W. University Ave. Mrs. Marion G. Schroedle		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. GENERALIZED ARTERIOSCLEROSIS DUE TO SENILITY					INTERVAL BETWEEN ONSET AND DEATH 12 weeks 15 yrs 15 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? None		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October , 19 52 , to May 21 , 19 53 , that I last saw the deceased alive on May 19 , 19 53 , and that death occurred at 1:10 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE A.S. Chalant			23B. ADDRESS 6210 York Rd.		23C. DATE SIGNED May 21, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/23/53	24C. NAME OF CEMETERY OR CREMATORY Zion Lutheran Church Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR HEINRICH SANDER & SONS, INC. BALTO., 13, MD.	

George Sander

CERTIFICATE OF DEATH

1. Name of deceased		2. Date of birth	
3. Sex		4. Race	
5. Usual residence		6. Date of death	
7. Cause of death		8. Place of death	
9. Signature of registrar		10. Signature of informant	
11. Date of registration		12. Registrar's name	
13. Registrar's address		14. Registrar's telephone	
15. Registrar's signature		16. Registrar's stamp	
17. Registrar's seal		18. Registrar's initials	
19. Registrar's full name		20. Registrar's full address	
21. Registrar's full telephone number		22. Registrar's full signature	
23. Registrar's full stamp		24. Registrar's full seal	
25. Registrar's full initials		26. Registrar's full name	
27. Registrar's full address		28. Registrar's full telephone	
29. Registrar's full signature		30. Registrar's full stamp	
31. Registrar's full seal		32. Registrar's full initials	
33. Registrar's full name		34. Registrar's full address	
35. Registrar's full telephone		36. Registrar's full signature	
37. Registrar's full stamp		38. Registrar's full seal	
39. Registrar's full initials		40. Registrar's full name	
41. Registrar's full address		42. Registrar's full telephone	
43. Registrar's full signature		44. Registrar's full stamp	
45. Registrar's full seal		46. Registrar's full initials	
47. Registrar's full name		48. Registrar's full address	
49. Registrar's full telephone		50. Registrar's full signature	
51. Registrar's full stamp		52. Registrar's full seal	
53. Registrar's full initials		54. Registrar's full name	
55. Registrar's full address		56. Registrar's full telephone	
57. Registrar's full signature		58. Registrar's full stamp	
59. Registrar's full seal		60. Registrar's full initials	
61. Registrar's full name		62. Registrar's full address	
63. Registrar's full telephone		64. Registrar's full signature	
65. Registrar's full stamp		66. Registrar's full seal	
67. Registrar's full initials		68. Registrar's full name	
69. Registrar's full address		70. Registrar's full telephone	
71. Registrar's full signature		72. Registrar's full stamp	
73. Registrar's full seal		74. Registrar's full initials	
75. Registrar's full name		76. Registrar's full address	
77. Registrar's full telephone		78. Registrar's full signature	
79. Registrar's full stamp		80. Registrar's full seal	
81. Registrar's full initials		82. Registrar's full name	
83. Registrar's full address		84. Registrar's full telephone	
85. Registrar's full signature		86. Registrar's full stamp	
87. Registrar's full seal		88. Registrar's full initials	
89. Registrar's full name		90. Registrar's full address	
91. Registrar's full telephone		92. Registrar's full signature	
93. Registrar's full stamp		94. Registrar's full seal	
95. Registrar's full initials		96. Registrar's full name	
97. Registrar's full address		98. Registrar's full telephone	
99. Registrar's full signature		100. Registrar's full stamp	
101. Registrar's full seal		102. Registrar's full initials	
103. Registrar's full name		104. Registrar's full address	
105. Registrar's full telephone		106. Registrar's full signature	
107. Registrar's full stamp		108. Registrar's full seal	
109. Registrar's full initials		110. Registrar's full name	
111. Registrar's full address		112. Registrar's full telephone	
113. Registrar's full signature		114. Registrar's full stamp	
115. Registrar's full seal		116. Registrar's full initials	
117. Registrar's full name		118. Registrar's full address	
119. Registrar's full telephone		120. Registrar's full signature	
121. Registrar's full stamp		122. Registrar's full seal	
123. Registrar's full initials		124. Registrar's full name	
125. Registrar's full address		126. Registrar's full telephone	
127. Registrar's full signature		128. Registrar's full stamp	
129. Registrar's full seal		130. Registrar's full initials	
131. Registrar's full name		132. Registrar's full address	
133. Registrar's full telephone		134. Registrar's full signature	
135. Registrar's full stamp		136. Registrar's full seal	
137. Registrar's full initials		138. Registrar's full name	
139. Registrar's full address		140. Registrar's full telephone	
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143. Registrar's full seal		144. Registrar's full initials	
145. Registrar's full name		146. Registrar's full address	
147. Registrar's full telephone		148. Registrar's full signature	
149. Registrar's full stamp		150. Registrar's full seal	
151. Registrar's full initials		152. Registrar's full name	
153. Registrar's full address		154. Registrar's full telephone	
155. Registrar's full signature		156. Registrar's full stamp	
157. Registrar's full seal		158. Registrar's full initials	
159. Registrar's full name		160. Registrar's full address	
161. Registrar's full telephone		162. Registrar's full signature	
163. Registrar's full stamp		164. Registrar's full seal	
165. Registrar's full initials		166. Registrar's full name	
167. Registrar's full address		168. Registrar's full telephone	
169. Registrar's full signature		170. Registrar's full stamp	
171. Registrar's full seal		172. Registrar's full initials	
173. Registrar's full name		174. Registrar's full address	
175. Registrar's full telephone		176. Registrar's full signature	
177. Registrar's full stamp		178. Registrar's full seal	
179. Registrar's full initials		180. Registrar's full name	
181. Registrar's full address		182. Registrar's full telephone	
183. Registrar's full signature		184. Registrar's full stamp	
185. Registrar's full seal		186. Registrar's full initials	
187. Registrar's full name		188. Registrar's full address	
189. Registrar's full telephone		190. Registrar's full signature	
191. Registrar's full stamp		192. Registrar's full seal	
193. Registrar's full initials		194. Registrar's full name	
195. Registrar's full address		196. Registrar's full telephone	
197. Registrar's full signature		198. Registrar's full stamp	
199. Registrar's full seal		200. Registrar's full initials	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4848
Registered No. 53 4848

BIRTH NO. 53-11696

1. NAME OF DECEASED
(Type or Print)

BABY BOY CHILDERS

2. DATE
OF
DEATH

5-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write at U.S.A. and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

1824 N. Port St

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

5-22-53

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

1 48

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES CHILDERS

14. MOTHER'S MAIDEN NAME

DOROTHY MOUBRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, athenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumonia - 5 mo.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-53, 19__, to __, 19__, that I last saw the
deceased alive on 5-22-53, 19__, and that death occurred at 6⁰⁰ P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Shivers

23B. ADDRESS

M. D.

Union Memorial Hosp

23C. DATE SIGNED

5-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 23rd 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. L. B. Leach

ADDRESS

1703 N. Patterson Park

Ave

0100

RECEIVED AT THE OFFICE OF THE

ATTORNEY GENERAL



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

L-200		CERTIFICATE CORRECTED 5-27-53		BALTIMORE CITY HEALTH DEPARTMENT		53 4849	
BIRTH NO.				Registered No.			
1. NAME OF DECEASED (Type or Print) LAURA GERTRUDE LEWIS				2. DATE OF DEATH May 20, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3011 Iona Terrace				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3011 Iona Terrace			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept. 22, 1867	9. AGE (in years last birthday) 85	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Keifel				14. MOTHER'S MAIDEN NAME Mary A. Isett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Ethel G. Pritchett-3011 Iona Terr.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH 170X Carcinoma of Breast DUE TO				INTERVAL BETWEEN ONSET AND DEATH 4 yrs.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 2, 1946, to May 20, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 2:30 P. M., from the causes and on the date stated above.							
23A. SIGNATURE Leon Sawyer				23B. ADDRESS M. D. 4808 Harwood Rd.		23C. DATE SIGNED 5/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. J. Tichner & Sons		ADDRESS Balto. 17, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully analyzed and legibly written with the causes of death clearly and fully stated.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

VS 150

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR	ADDRESS
24A. BURIAL CREMATION REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (Specify)

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____, from the causes and on the date stated above.		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, ship, etc.)	21C. WHERE DID IT IN BALTIMORE CITY, GIVE EXACT LOCATION?
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?
20. DATE OF OPERATION WAS PERFORMED	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
19A. AUTOPSY?	19B. DATE OF OPERATION	19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

18. DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	16. UNDERLYING CONDITION LAST PRIOR TO THE ABOVE CAUSE (A) STATING THE DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO (B) ANTECEDENT CAUSES (C) (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A)
15. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A)		
14. MOTHER'S MAIDEN NAME		
13. FATHER'S NAME		
12. USUAL OCCUPATION (Give kind of work done during most of working life, or on it retired)		
11. BIRTHPLACE (State or foreign country)		
10. USUAL RESIDENCE (If not in hospital or institution, give street address or location)		
9. SEX		
8. COLOR OR RACE		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
6. LENGTH OF STAY IN BALTIMORE Days Mons. Yrs.		
5. STREET ADDRESS (If rural, give location)		
4. CITY OR TOWN (If outside corporate limits, write RURAL), and give township		
3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION		
2. USUAL RESIDENCE (If not in hospital or institution, give street address or location)		
1. NAME OF DECEASED (Type or Print)		
2. DATE OF DEATH OR DEATH		

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-620
53 4850BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4850

1. NAME OF DECEASED (Type or Print) HARRIETT HANDY HARIG			2. DATE OF DEATH May 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE Md. B. COUNTY 15-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2136 W. North Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2136 W. North Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 4, 1888	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Handy			14. MOTHER'S MAIDEN NAME Hester Howeth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Joseph Harig - 2136 W. North Ave.		
18. 571.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH 24 hrs		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Gastroenteritis			3 days		
19A. DATE OF OPERATION 5/20/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951 , 19 51 , to 5/20 , 19 53 , that I last saw the deceased alive on 5/20, 1953 , and that death occurred at 3 P m. , from the causes and on the date stated above.					
23A. SIGNATURE Edward D. Wallace		23B. ADDRESS 4200 Liberty Ave		23C. DATE SIGNED 5/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickner & Sons, Balto 17, Md.	

-620
53 4851BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4851

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Shields Crouse

2. DATE
OF
DEATH

5-22-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
Harmless General Hospital

c. Length of stay in Baltimore

9 hrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 16 1902

9. AGE (in years
last birthday)

50

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife & Storekeeper. General

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Shields

14. MOTHER'S MAIDEN NAME

Frances Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nevin Crouse Westminister

18.

451X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage
Asteroid Abscess

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH8 hrs
10 minII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1953 to 5-22, 1953, that I last saw the
deceased alive on 5-22, 1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Nevin Crouse

23b. ADDRESS

M. D.

Nevin Crouse

23c. DATE SIGNED

5/22/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

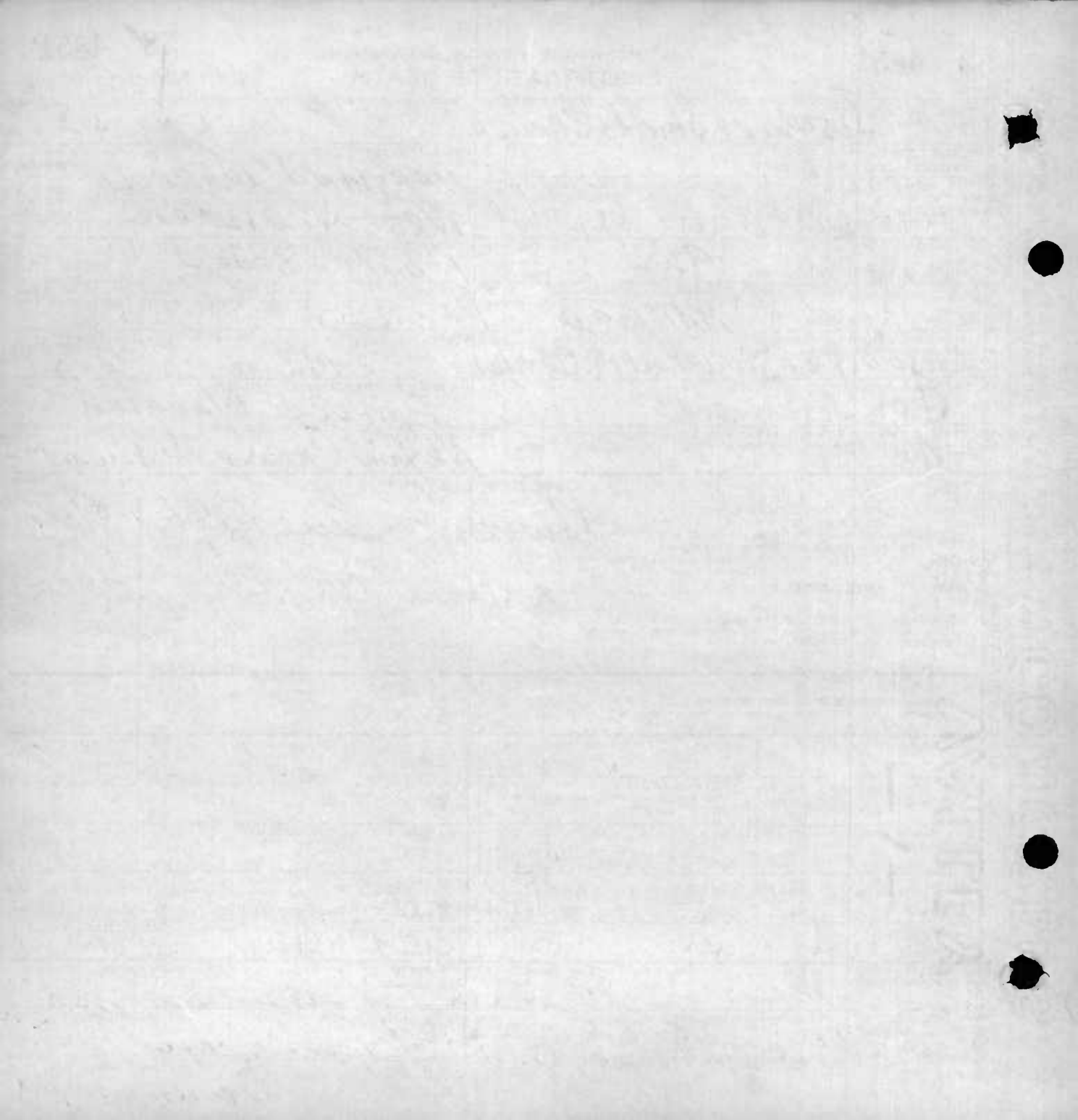
ADDRESS

MAY 23 1953

T. J. Williams, M.D.

A. C. Jones & Son

Baltimore, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4852
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther Whitehill

2. DATE
OF
DEATH

May 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Md.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Nel-Mar Apts.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Whitelock & Brookfield Ave
INSTITUTION

Nel-Mar Apts.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore, Maryland township)

D. STREET ADDRESS (If rural, give location)

Whitelock & Brookfield Ave.

c. Length of stay in Baltimore

78

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 23, 1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months Days

4

29

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Herman Rose

14. MOTHER'S MAIDEN NAME

Vegen Ettlenger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ivan Whitehill, Nel-Mar Apts.

18. **420.1**

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

(B)

Coronary Insufficiency

DUE TO

(C)

Atherosclerosis, hyperlipidemia

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 19, 1953, to May 21, 1953, that I last saw the
deceased alive on May 21, 1953, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

May 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery Odonell Street, Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thurston W. Williams, M.D. David R. Martin, 1902 Eutaw Place

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4853
Registered No.53 4853
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Amelia M. Horton

2. DATE
OF
DEATH

5/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1766 Homestead St.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1766 Homestead St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 28, 1932

9. AGE (In years
last birthday)

20

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Eikenberg

14. MOTHER'S MAIDEN NAME

Antoinette Bonadio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James M. Horton 1766 Homestead St.

18. 416X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

(A)

Rheumatic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

14 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to May 22, 1953, that I last saw the
deceased alive on May 21, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/25/53

Holy Redeemer

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. 1639 Broadway.

Dr. J. W. Watson
1101 St Paul St
No 7-0340

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4854**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY GRACE BALLARD

2. DATE OF DEATH

5-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

MARYLAND General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-48

D. STREET ADDRESS (If rural, give location)

3702 Clifton Ave

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, (WIDOWED, DIVORCED (Specify))
widowed

8. DATE OF BIRTH

Nov. 26/1871

9. AGE (in years last birthday)

82

If Under 1 Year

Months: Days: Hours: Min.

If Under 24 Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

SAME

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Littleton B Wessels

14. MOTHER'S MAIDEN NAME

Isabel Armstrong

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

William A. Ballard 6307 Parkview Baltimore

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Embolus

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary Fibrosclerosis

known

(C)

Aortic Sclerosis

"

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/53 to 5/22/53, that I last saw the deceased alive on 5/22/53, and that death occurred at 11:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John T. Mes

23B. ADDRESS

Manland Lane

23C. DATE SIGNED

5/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/26/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Wm. G. Fickner

ADDRESS

Balto 17, Md.

1208-20

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INSTITUTE
FOR
1954



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4855**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**KAUFMAN SANDERS THAIHEIMER**2. DATE
OF
DEATH **5/21/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **BALTIMORE, MD.**B. FULL NAME OF
HOSPITAL OR
INSTITUTION **UNION MEMORIAL HOSPITAL**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE **MARYLAND**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 17, 13-01D. STREET ADDRESS (If rural, give location)
TEMPLE GARDEN APTS.

c. Length of stay in Baltimore

LIFEYrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**SINGLE**

8. DATE OF BIRTH

NOV. 17, 19149. AGE (In years
last birthday)**38**11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**MANAGER**10B. KIND OF BUSINESS OR
INDUSTRY**RETAIL STATIONARY**

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

SANDERS THAIHEIMER

14. MOTHER'S MAIDEN NAME

MARY HOGG15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
MRS. MARY THAIHEIMER, TEMPLE GARDEN APTS.18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) *Intra-cranial hematoma of right internal capsule***1 day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) *Hypertension***2 yrs**

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/21-53

19B. MAJOR FINDINGS OF OPERATION

Intra-cranial hematoma of right internal capsule

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/21-53**, 19__, to **5/21-53**, 19__, that I last saw the
deceased alive on **5/21-23**, 19__, and that death occurred at **11:03 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

J. Ludwig Leitz

M. D.

23B. ADDRESS

Temple Garden Apts

23C. DATE SIGNED

5/22-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5/24/53

24C. NAME OF CEMETERY OR CREMATORY

HEBREW FRIENDSHIP CEM.

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tuckner & Sons

ADDRESS

29060 Balto 17, Md.MAY 23 1953
VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4856**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**HELEN E. RADTKE**2. DATE
OF
DEATH**5-23-53**

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

M.D. Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-02

D. STREET ADDRESS (If rural, give location)

4534 HARTFORD RD.

B. FULL NAME OF HOSPITAL OR INSTITUTION

4534 HARTFORD RD. BALTO. MD.

c. Length of stay in Baltimore

10 days minor

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

JAN. 8 1904

9. AGE (in year - last birthday)

49

10. Under 1 Year

4 15

11. Under 24 Hours

4 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Uniontown Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Henry Hunt

14. MOTHER'S MAIDEN NAME

Laura Jane Humphreys

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

219-22-2053

17. INFORMANT

Helen E. Radtke

ADDRESS

4534 HARTFORD RD. BALTO.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma sigmoid Colon 2 1/2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-27-51; 10-30-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma sigmoid Colon

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8-1951, to 5-23-1953 that I last saw the deceased alive on 5-18-1953 and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

C. W. Peake

23B. ADDRESS

4508 Harford Road

23C. DATE SIGNED

5-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Sylvan Heights Cemetery

24D. LOCATION (City, town, or county)

S. Uniontownship, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc., 1900 Eutaw

Place.

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500 5TH AVENUE NEW YORK 17, N.Y.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 53 4857
Registered No.53 4857
BIRTH NO. 3-102381. NAME OF DECEASED
(Type or Print)

DEBORAH L. GARBER

2. DATE
OF
DEATH

5-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Pikesville - Garrison

D. STREET ADDRESS (If rural, give location)

Reinterton Road 5300

c. Length of stay in Baltimore

21 Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday) If Under 1 Year
Months Days If Under 24 Hours
Min.

April 30-1953

21

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward E. Garber

14. MOTHER'S MAIDEN NAME

Augusta Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Augusta Cook-Garber - Garrison

18. 756.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PERITONITIS

DUE TO

16 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

PERFORATION OF ILEUM

DUE TO

16 Days

(C)

IMPERFORATE ANUS AND
CONGENITAL BOWEL OBSTRUCTION

21 Days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5- -53

19B. MAJOR FINDINGS OF OPERATION

IMPERFORATE ANUS, BOWEL OBSTRUCTION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12-53, 19, to 5-22-53, 19, that I last saw the
deceased alive on 5-22, 1953, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret O'Leary

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

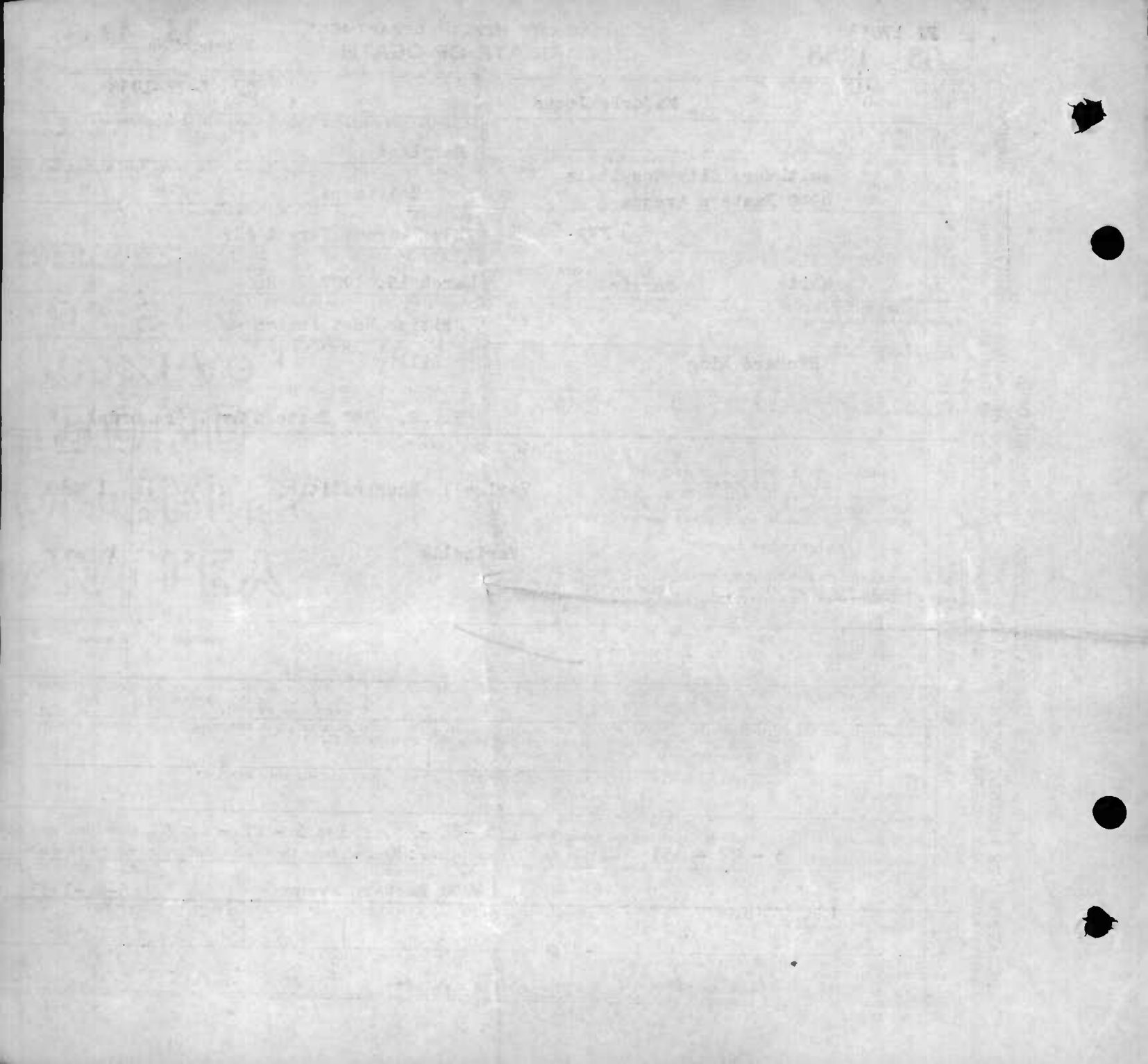
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VALID
FOR
U.S.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4859 Registered No. 53 4859

BIRTH NO. 53 4859

1. NAME OF DECEASED (Type or Print) *Hellie Crowl*

2. DATE OF DEATH *5/23/53*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Pa.* B. COUNTY *York*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Stewartstown*

6. STREET ADDRESS (If rural, give location) *V-35*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widow*

8. DATE OF BIRTH *9-27-97*

9. AGE (In years: last birthday) *56*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *HOUSEWIFE*

11. BIRTHPLACE (State or foreign country) *Penn.*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Geo. Cunningham*

14. MOTHER'S MAIDEN NAME *Irene Bacon*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *171x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) *Carcinoma cervix*

19. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about house, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Apr. 27 1953* to *May 23 1953* that I last saw the deceased alive on *May 23 1953* and that death occurred at *9:40 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *H. C. Cunningham* M. D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *5/23/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *5-26-53*

24C. NAME OF CEMETERY OR CREMATORY *HIGHLAND*

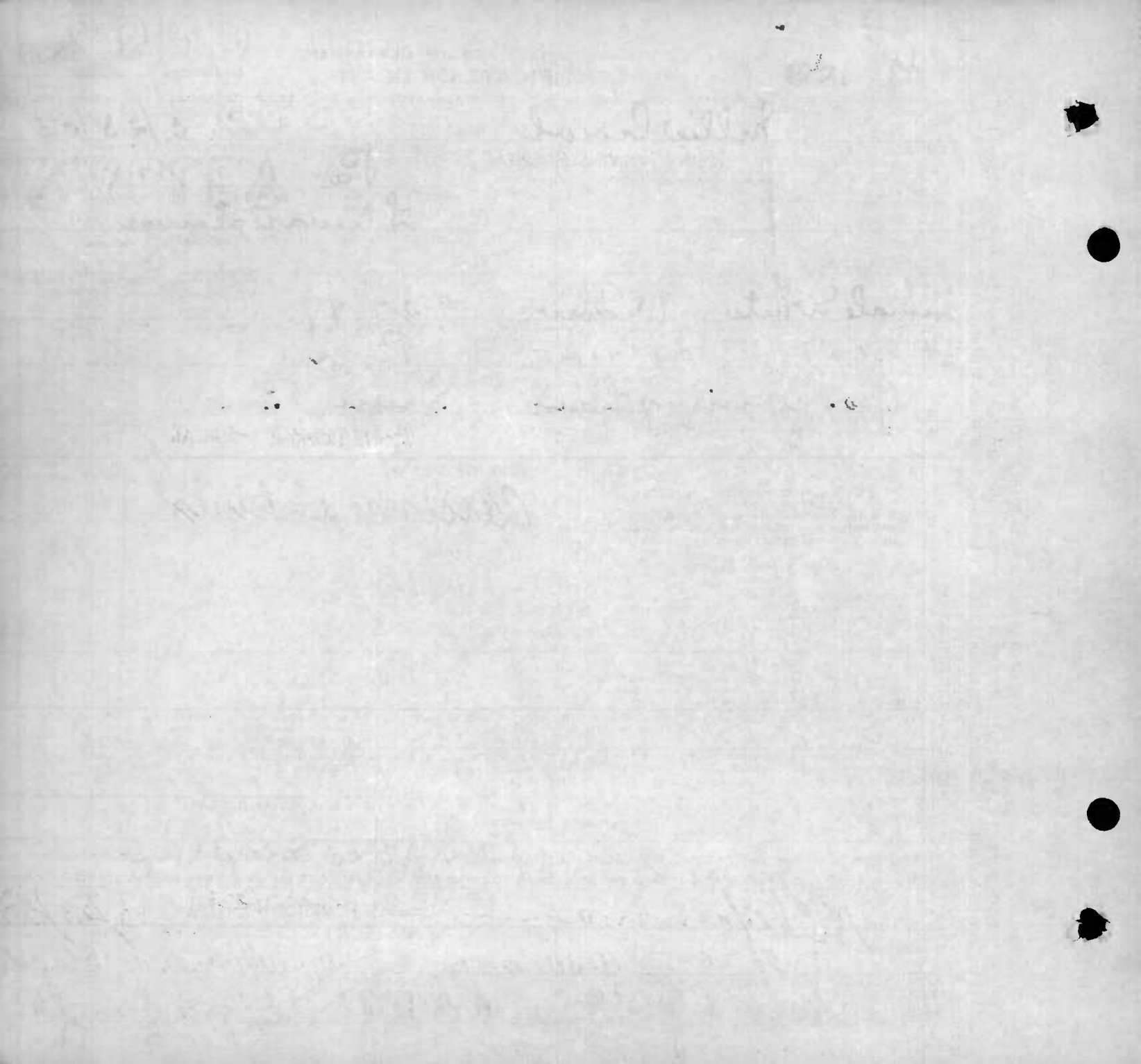
24D. LOCATION (City, town, or county) (State) *HIGHLAND, HANFORD Co., Md.*

DATE RECEIVED BY LOCAL REGISTRAR *MAY 24 1953*

REGISTRAR'S SIGNATURE *H. C. Cunningham*

25. FUNERAL DIRECTOR ADDRESS *Howard Webb, Fawn Home, Pa.*

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4860BIRTH NO. 53 4860

1. NAME OF DECEASED (Type or Print) HERMAN EDWIN ROBERTSON			2. DATE OF DEATH May 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE virginia B. COUNTY V-43		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION US Public Health Service Hospital location) Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Whitestone		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/24/00	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Stokely Robertson			14. MOTHER'S MAIDEN NAME Delia Willie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	

18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinomatosis generalized DUE TO primary site undetermined (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH approx 8 mo
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 4 , 19 53 to May 22 , 19 53 , that I last saw the deceased alive on May 22 , 19 53 and that death occurred at 3:20P m., from the causes and on the date stated above.					
23A. SIGNATURE AF Haynes		23B. ADDRESS M. O. US PHS Hospital, Balto, Md.		23C. DATE SIGNED 5/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/24/53		24C. NAME OF CEMETERY OR CREMATORY Methordist Church	
24D. LOCATION (City, town, or county) (State) White Stone VA.		24E. NAME OF CEMETERY OR CREMATORY Methordist Church		24F. LOCATION (City, town, or county) (State) White Stone VA.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1953		REGISTRAR'S SIGNATURE John Williams		25. FLUORAL DIRECTOR ADDRESS John Williams & Sons, Inc. 1900 E. Union Place	

100

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

RECEIVED
JUN 10 1964
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C.

STATE OF CALIFORNIA

San Bernardino County

Section 16, T12N, R11E, S1E
Range 11 East, T12 North, S1 South
Section 16, Township 12 North, Range 11 East, Section 1, South 1/4
Containing approximately 160 acres of land, more or less, situated in the
San Bernardino County, California.

Section 16, T12N, R11E, S1E
Range 11 East, T12 North, S1 South
Section 16, Township 12 North, Range 11 East, Section 1, South 1/4
Containing approximately 160 acres of land, more or less, situated in the
San Bernardino County, California.

Section 16, T12N, R11E, S1E
Range 11 East, T12 North, S1 South
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San Bernardino County, California.

Section 16, T12N, R11E, S1E
Range 11 East, T12 North, S1 South
Section 16, Township 12 North, Range 11 East, Section 1, South 1/4
Containing approximately 160 acres of land, more or less, situated in the
San Bernardino County, California.

Wm. R. R. R.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4861
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH M. HOGAN

2. DATE
OF
DEATH

MAY 22, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital of MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

d. STREET ADDRESS (If rural, give location)

3107 ROSALIE AVE, BALTIMORE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB 22, 1906

9. AGE (In years,
last birthday)

47

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MAINTENANCE - Welsbach Corp

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES D HOGAN ST. Lightings

14. MOTHER'S MAIDEN NAME

Margaret Sheehan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

217-22-0696

17. INFORMANT

ADDRESS

Mrs Susie Hogan - 3107 Rosalie

18. **541.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DOE TO

**CIRRHOSIS OF LIVER AND PARTIAL
Edematous Biliary obstruction
with PLASTIC PERITONITIS AND ASCITES**

**1 Month
approx
3 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DOE TO

**DUE TO PERFORATION OF DUODENUM
DUE TO CHRONIC PEPTIC DUODENAL**

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C)

DOE TO

**ULCER Also Acute Gastritis
hemorrhage AND Dilatation**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 26, 1953** to **MAY 22, 1953** that I last saw the
deceased alive on **MAY 22, 1953**, and that death occurred at **9:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE

William D. Reason MD

23b. ADDRESS

Lutheran Hospital of Maryland

23c. DATE SIGNED

MAY 22, 1953

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

May 25-1953

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral

24d. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 24 1953

Huntington Halliday

25. FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Harford

VS 150

5545C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

REPORT NO.

WATER RESOURCES DIVISION

DATE

PROJECT NO.

LOCATION

WATER RESOURCES DIVISION

DESCRIPTION

WATER RESOURCES DIVISION

REMARKS

WATER RESOURCES DIVISION

CONCLUSIONS

WATER RESOURCES DIVISION

RECOMMENDATIONS

WATER RESOURCES DIVISION

REFERENCES

WATER RESOURCES DIVISION

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REVISIONS

WATER RESOURCES DIVISION

REVISIONS

WATER RESOURCES DIVISION

REVISIONS

WATER RESOURCES DIVISION

REVISIONS

WATER RESOURCES DIVISION

REVISIONS

WATER RESOURCES DIVISION

REVISIONS

WATER RESOURCES DIVISION

53 4862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4862

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Russell*
*Oliver Crouse*2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2,6,1889

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanical Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Oliver M. Crouse

Dec'd

14. MOTHER'S MAIDEN NAME

Alberta

Dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Rita M. Crouse - 616 Overbrook

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *2 pneumonia*DUE TO *A.S.C.R.D. +*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Bronchial pn. - bilateral*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 15*, 1953, to *May 21*, 1953, that I last saw the
deceased alive on *May 21*, 1953, and that death occurred at *7:22 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

George J. Elton

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

*5-21-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 25-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTO

(State)

*Md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Bayford

583-77

698-57

791-42

825-19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4833
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Chenoweth, Miss Cornelia

2. DATE
OF
DEATH

5-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore TOWSON

D. STREET ADDRESS (If rural, give location)

500 Virginia Ave

5355

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

August 12th 1891

9. AGE (in years last birthday)

61

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chenoweth, Mr Ben

14. MOTHER'S MAIDEN NAME

Cook, Miss Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

patient

ADDRESS

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 days

2 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-1953, to 5-22-1953, that I last saw the deceased alive on 5-16-1953, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D. Church Home & Hospital

5-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 26/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson, Md

(State)

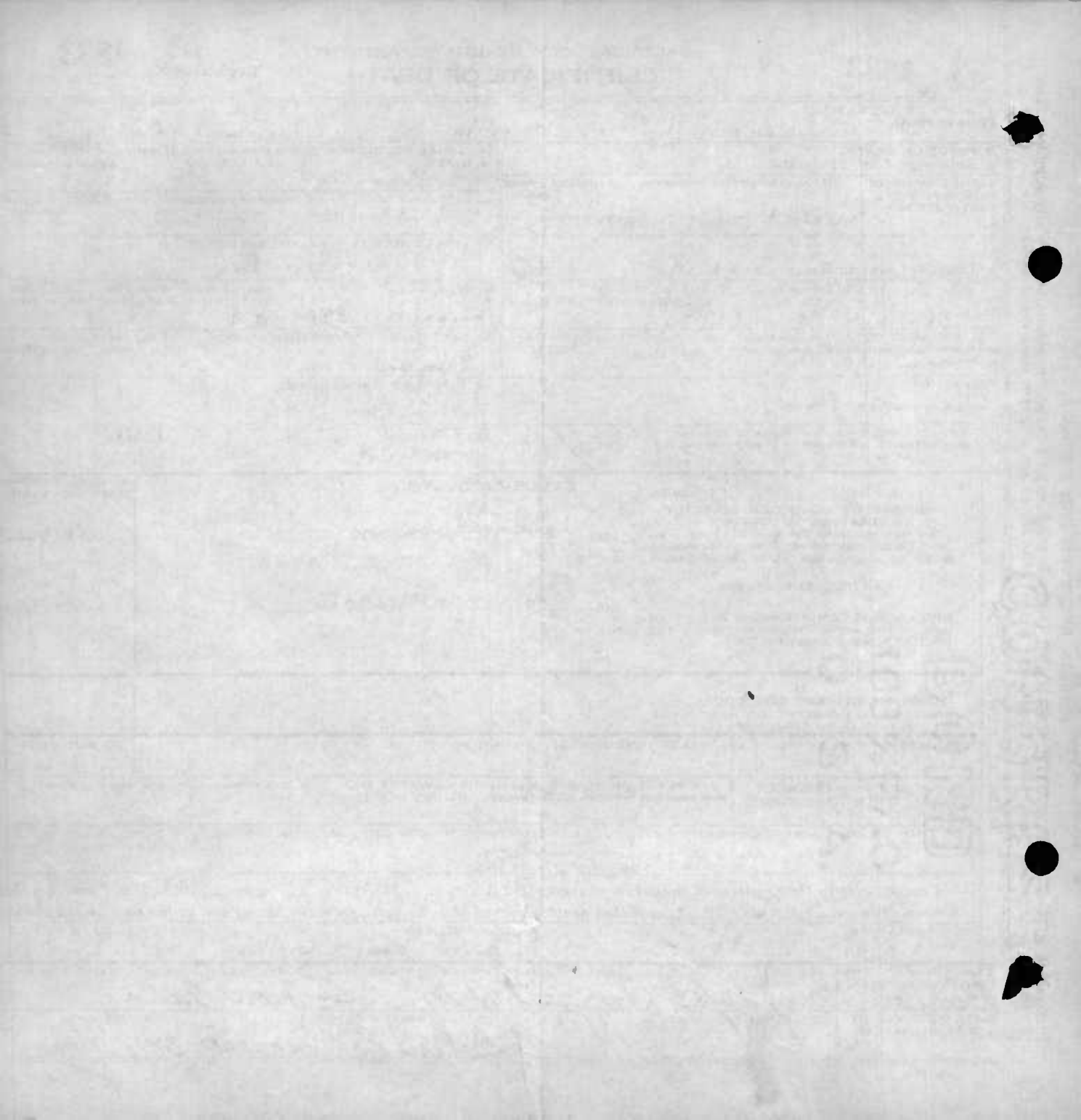
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Arthur E. Donovan - 3818 Roland Ave.



CERTIFICATE CORRECTED

5-28-53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4864

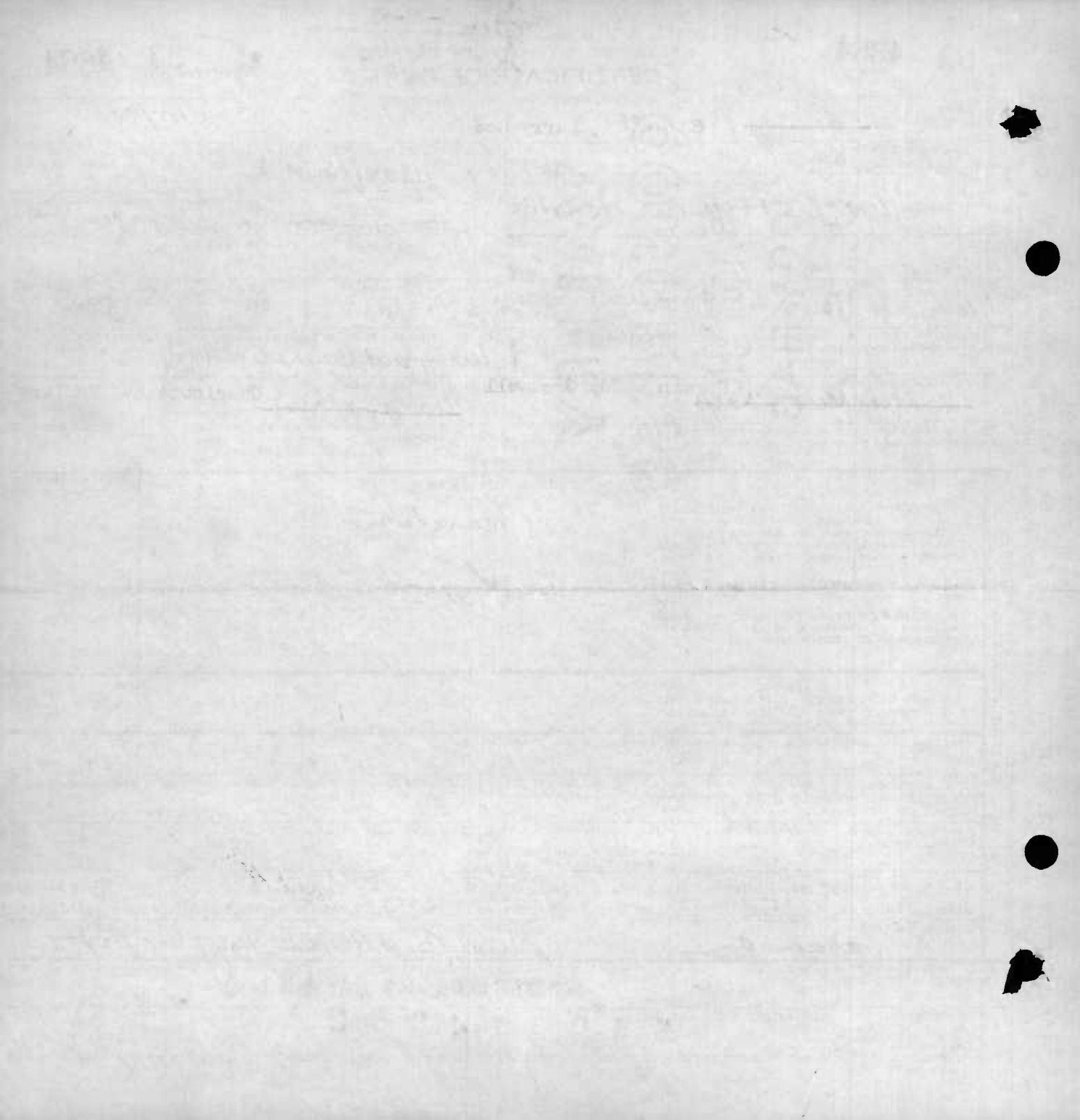
BIRTH NO. 53 4864 13-10688

1. NAME OF DECEASED (Type or Print) <u>Baby Boy Creswell, Larry Lee</u>			2. DATE OF DEATH <u>5/15/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Harford</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Maryland General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Joppa, Md</u>		
c. Length of stay in Baltimore Yrs. <u>2</u> Mos. <u>Days</u>			D. STREET ADDRESS (If rural, give location) <u>6200</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5/13/1953</u>	9. AGE (in years last birthday)	If Under 1 Year Months: <u>2</u> Days: <u>8</u> Hours: <u>8</u> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland General Hosp.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Walter Lee Clary</u>			14. MOTHER'S MAIDEN NAME <u>Charlotte Eva McClary</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/13</u> , 19 <u>53</u> to <u>5/15</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5/15</u> , 19 <u>53</u> and that death occurred at <u>6:45 am.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>J. J. Calabrese</u>		23B. ADDRESS M. D. <u>Maryland General Hosp.</u>		23C. DATE SIGNED <u>5/15/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>	
				24D. LOCATION (city, town, or county) (State) <u>MAY 18 1953</u>	

DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 24 1953</u>	REGISTRAR'S SIGNATURE <u>1953 300 0 14802</u>	25. FUNERAL DIRECTOR ADDRESS
--	--	------------------------------



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4865**

BIRTH NO. **53 4865**

1. NAME OF DECEASED
(Type or Print) **Baby Girl Koshloff**

2. DATE OF DEATH **May 18, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #30 23-03

D. STREET ADDRESS (If rural, give location)

1744 So. Charles St.

c. Length of stay in Baltimore

Yrs. **0**
Mos.
Days

5. SEX **Female**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **May 17, 1953**

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min. **3 19**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Baltimore - Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Richard Frederick Koshloff

14. MOTHER'S MAIDEN NAME

Helen Sophie Kossowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother 1744 So Charles St #30

18. **761.5**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PREMATURITY

DUE TO

ANTECEDENT CAUSES

(B)

PREMATURE SEPARATION OF

DUE TO

(C)

PLACENTA (PARTIAL)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-17**, 1953, to **5-18**, 1953 that I last saw the deceased alive on **5-18**, 1953, and that death occurred at **1:40 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Conway

23B. ADDRESS

South Baltimore General Hosp.

23C. DATE SIGNED

5/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

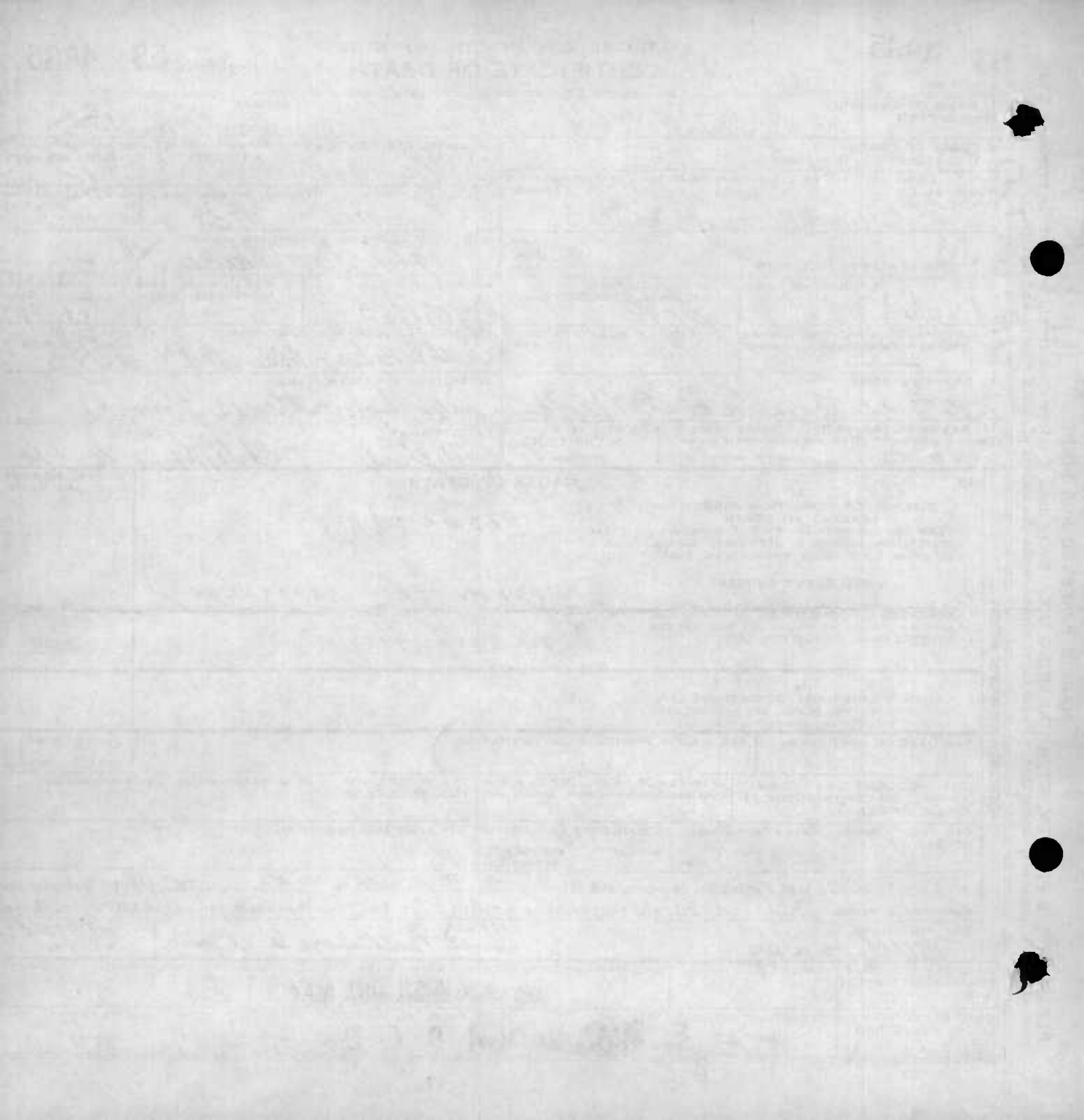
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

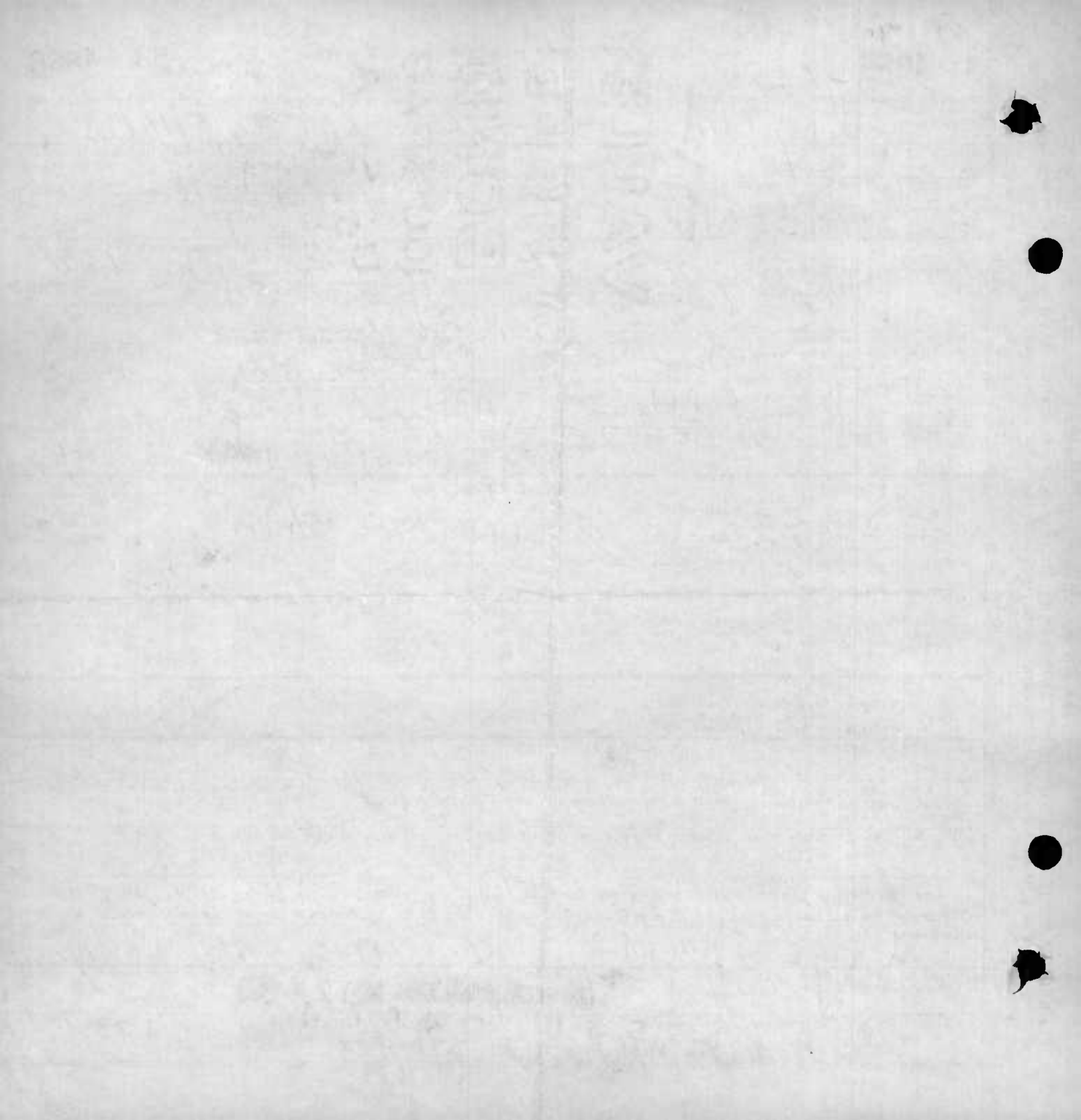
ADDRESS

MAY 24 1953
Huntington Williams, 1744 So Charles St, Baltimore, Md



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4866BIRTH NO. 53-14210

1. NAME OF DECEASED (Type or Print) <u>Baby Ellison</u>			2. DATE OF DEATH <u>5/19/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Balto.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 N. Stricker Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. 19-02</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>214 N. Stricker Street</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5/14/53</u>	9. AGE (In years last birthday)	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Balto., md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Daniel Ellison</u>			14. MOTHER'S MAIDEN NAME <u>Pearl Thompson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>midwife (Priscilla Kern)</u> ADDRESS <u>214 N. Stricker</u>		
18. <u>776x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Premature Birth</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSATION LAST. <u>no</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/14</u> , 19 <u>53</u> to <u>5/19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/19</u> , 19 <u>53</u> and that death occurred at <u>8.4</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Ralph W. Neill</u>		23B. ADDRESS <u>426 N. Graham St</u>		23C. DATE SIGNED <u>5/19/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <u>Union Park Medical School</u>	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>May 24 1953</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR'S ADDRESS <u>Huntington Williams, M.D.</u>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

L-250

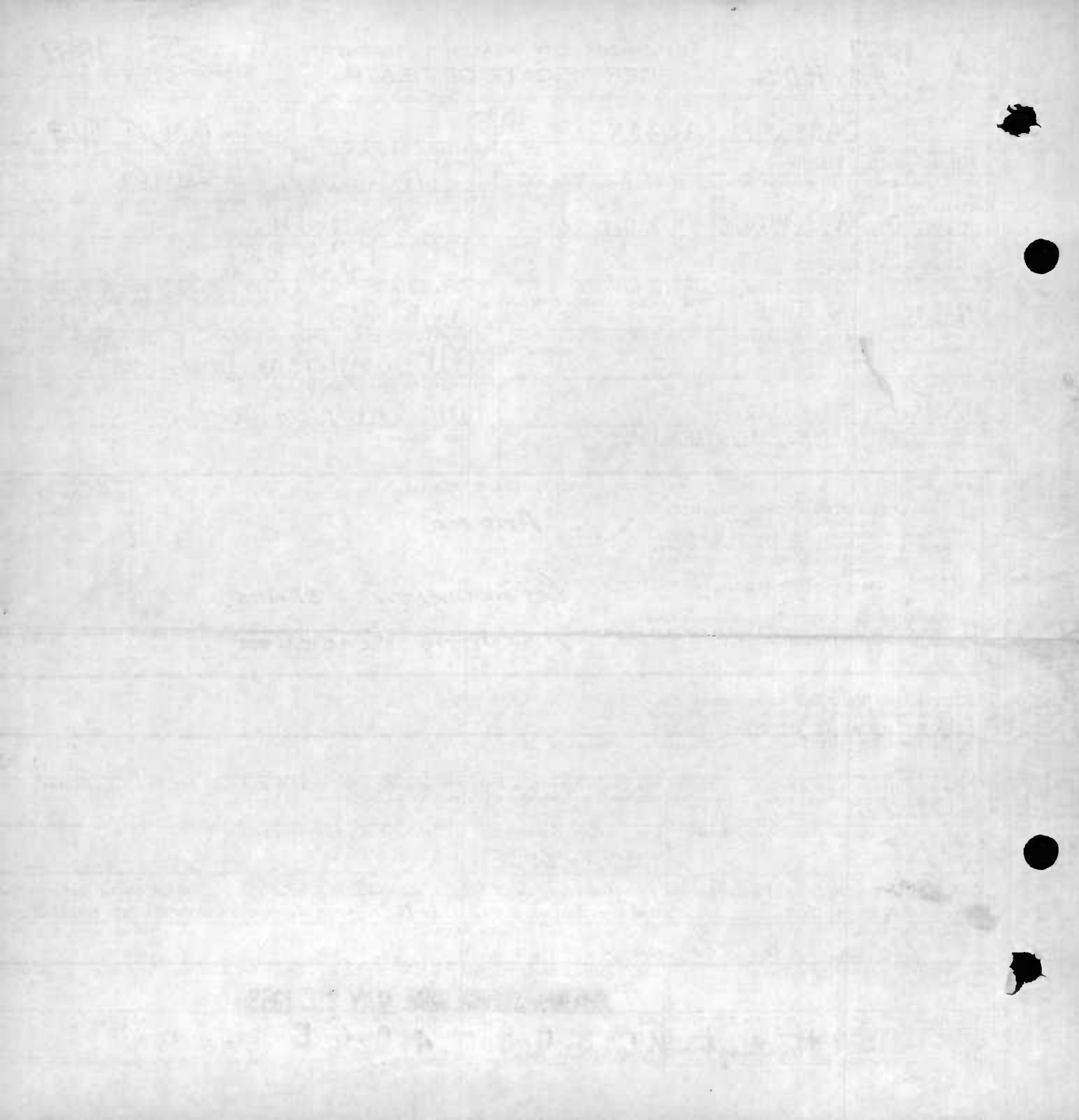
53 4857
BIRTH NO. 53-11096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4857
Registered No.

1. NAME OF DECEASED (Type or Print) BABY GIRL LAWSON			2. DATE OF DEATH May 19 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY Carroll		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hospital for Women of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sykesville		
6. Length of stay in Baltimore 4 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) R.R. #3 5600		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	10. DATE OF BIRTH May 18 1953		11. AGE (In years last birthday) 12 Months 19 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore - Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. C.
13. FATHER'S NAME Walter F. Lawson			14. MOTHER'S MAIDEN NAME Nelva Carol Van Horn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) - (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 761.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANOXIA DUE TO PREMATURITY - 31 WKS. ABRUPTIO PLACENTA			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-18 , 19 53 , to 5-19 , 19 53 , that I last saw the deceased alive on 5-19 , 19 53 and that death occurred at 2 10^{AM} , from the causes and on the date stated above.			
23A. SIGNATURE Harry W. Gray		23B. ADDRESS	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
JOHN MARSHALLS MEDICAL SCHOOL MAY 22 1953			
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR 4120 E. Williams, M.D.	ADDRESS



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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4869**

53 4869
BIRTH NO.

1. NAME OF DECEASED (Type or Print) YARNETH, JOSEPH			2. DATE OF DEATH MAY 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2300 W. North Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 5, 1897		9. AGE (in years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager		10B. KIND OF BUSINESS OR INDUSTRY Furniture Store	11. BIRTHPLACE (State or foreign country) Balt Md		12. CITIZEN OF WHAT COUNTRY? Md
13. FATHER'S NAME Jacob Yarneth			14. MOTHER'S MAIDEN NAME Rosa		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War I		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ester Yarneth 2300 W. North Ave		

18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis & myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH HOURS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus		YEARS

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3:15 AM 5-24, 1953 , to 3:32 AM 5-24, 1953 , that I last saw the deceased alive on 5-24-53 , 19____, and that death occurred at 3:32 AM. , from the causes and on the date stated above.				
23A. SIGNATURE W. McGowan		23B. ADDRESS South Baltimore Genl Hosp.		23C. DATE SIGNED 7-24-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 25 1953	24C. NAME OF CEMETERY OR CREMATORY Washington Ref.	24D. LOCATION (City, town, or county) (State) Balt Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Jack Lewis		25. FUNERAL DIRECTOR ADDRESS 2100 Euterio Pl

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

- 260
53 4870
BIRTH NO.

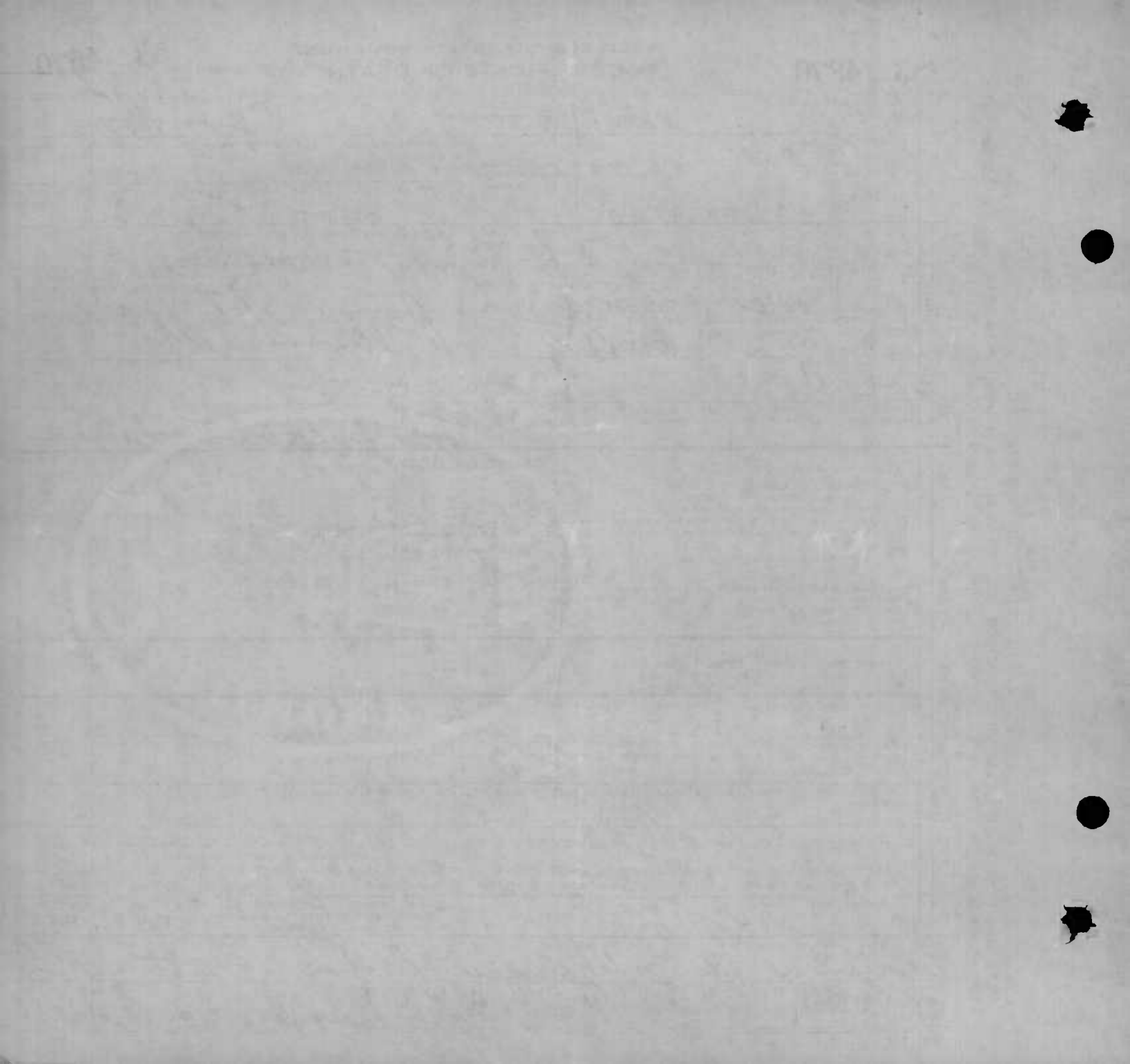
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4870

1. NAME OF DECEASED (Type or Print) ALLEN M TUCKER			2. DATE OF DEATH May 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3322 Hayward Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH	9. AGE (in years last birthday) 17	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infy.		10B. KIND OF BUSINESS OR INDUSTRY Candy		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Sol		14. MOTHER'S MAIDEN NAME Rose		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Sol Tucker - James	

18. 353.3 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Asphyxia DUE TO Aspiration of vomitus during epileptic attack		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. H. Cohen		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED May 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-24-53		24C. NAME OF CEMETERY OR CREMATORY Shaarey Tefloah	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1953		REGISTRAR'S SIGNATURE Thurston W. Morris		24D. LOCATION (City, town, or county) (State) Balto Md	
VS 151		69045		24E. GENERAL DIRECTOR W. J. Lewis	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4871BIRTH NO. 53 4871

1. NAME OF DECEASED (Type or Print) <u>JOSEPH LEUY</u>			2. DATE OF DEATH <u>MAY 23, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>BALTO.</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>1636 MORELAND AVE</u>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO.</u>		
c. Length of stay in Baltimore <u>53</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1636 MORELAND AVE</u>		
7. SEX <u>MALE</u>	8. COLOR OR RACE <u>WHITE</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	10. DATE OF BIRTH <u>78</u>		11. AGE (In years last birthday) <u>78</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>TAILOR</u>	11. BIRTHPLACE (State or foreign country) <u>RUSSIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>GERON LEUY</u>			14. MOTHER'S MAIDEN NAME <u>REBECCA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>LOUIS LEUY - 2021 RUXTON AVE</u>		
18. <u>42011</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u> DUE TO <u>Hypertensive Cardio Vascular Disease</u> DUE TO <u>Atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 23, 1953</u> , to <u>May 23, 1953</u> , that I last saw the deceased alive on <u>May 23, 1953</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>N. G. Rees</u>		23B. ADDRESS <u>4215 Park Heights Rd.</u>		23C. DATE SIGNED <u>5/24/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/24/1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md.</u>		25. FUNERAL DIRECTOR <u>Heather & Sons</u>		ADDRESS <u>2100 Eotaw Pl.</u>	

6006 PK. 11/15/11

needle

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4872
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLIS SILVER

2. DATE
OF
DEATH

MAY 22, 1953

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MT. PLEASANT

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)MD.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE 27-17 township)

D. STREET ADDRESS (If rural, give location)

NONE DURING STAY IN HOSPITAL

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

FEB. 20, 1880

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MORRIS SILVER

Christington

14. MOTHER'S MAIDEN NAME

IDA YONKELOWITZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

212-01-2657

17. INFORMANT

HARRY SILVER 4526 PIMLICO RD.

ADDRESS

18. 241X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CONGESTIVE HEART FAILURE

3 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) BRONCHIAL ASTHMA

10 YEARS

(C) PULMONARY TUBERCULOSIS

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY TUBERCULOSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 3, 1953, to MAY 22, 1953, that I last saw the
deceased alive on MAY 22, 1953 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. Prohner, M.D.

23B. ADDRESS

Mt. Pleasant, Baltimore Md.

23C. DATE SIGNED

5-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-24-53

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. H. H. H.

25. FUNERAL DIRECTOR

J. J. J. J. J.

ADDRESS

2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4873

BIRTH NO. 53 4873

1. NAME OF DECEASED (Type or Print) <u>Mr Simon Siegel</u>			2. DATE OF DEATH <u>5-23-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Quendale Home</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 27-17</u>		
c. Length of stay in Baltimore <u>60 yrs.</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>3510 Ingleside ave 15</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1871</u>		9. AGE (in years last birthday) <u>82</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Joseph Siegel</u>			14. MOTHER'S MAIDEN NAME <u>Rachel Lee Gran</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Frank Siegel</u>		ADDRESS <u>3510 Ingleside ave</u>

18. <u>334X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<u>Cerebral Thrombosis</u>		<u>17 days</u>	
(B) DUE TO		<u>Cerebral Arteriosclerosis</u>		<u>years</u>	
(C) DUE TO		<u>General Arteriosclerosis</u>		<u>year</u>	

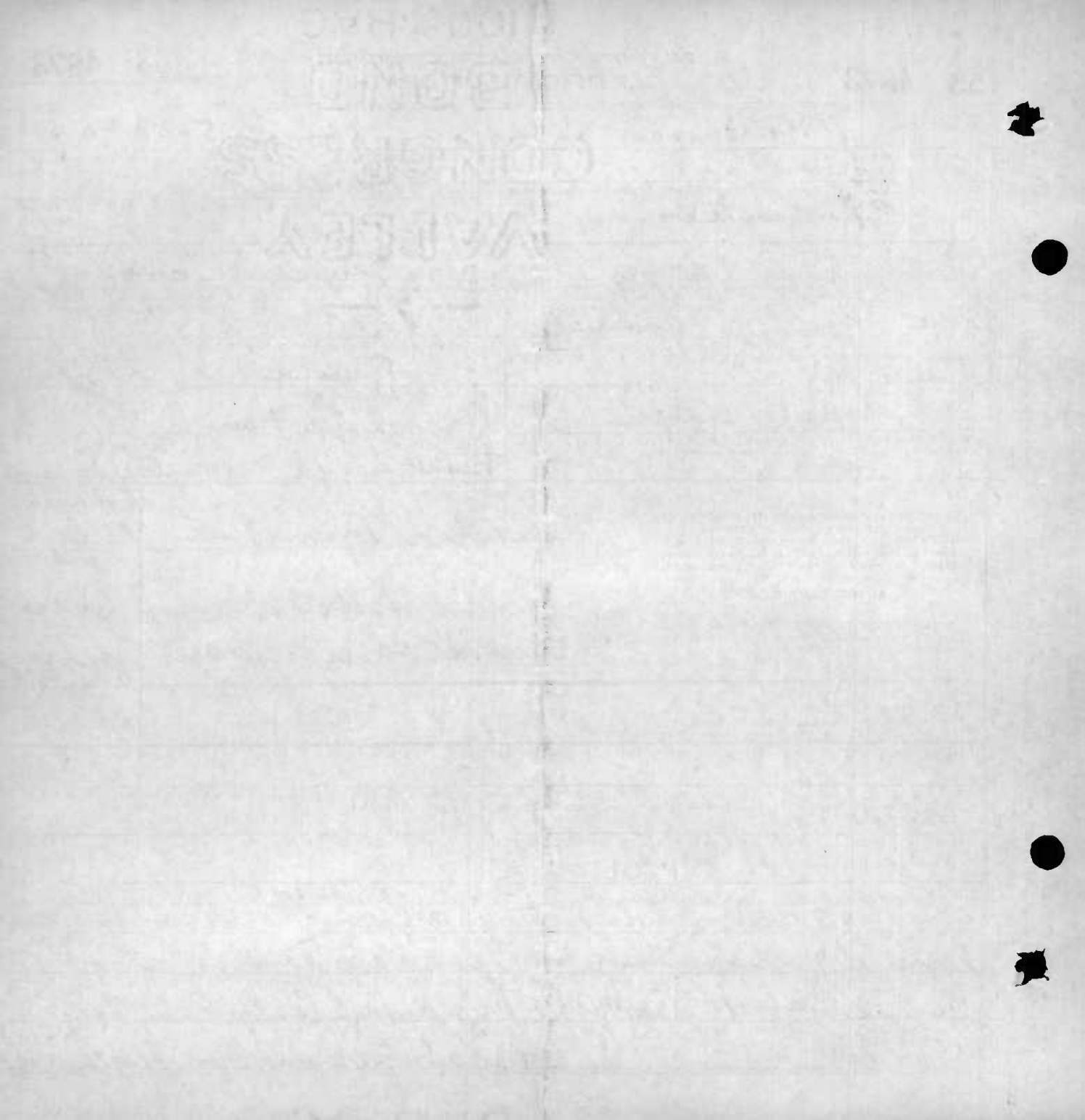
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-6, 1952, to May 23, 1953, that I last saw the deceased alive on 5-23, 1953, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Jerome J. Blumberg</u>	M. D.	23B. ADDRESS <u>Quendale Home</u>	23C. DATE SIGNED <u>5-23-53</u>
---	-------	--------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>May 24/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Posvohler Friendly Society Cemetery Balto Md.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>24</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Sol Levinson & Bros</u>
		ADDRESS <u>North ave</u>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4874
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES TOLLEY

2. DATE
OF
DEATH Apr. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

101 E. Monument Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

U

1907

9. AGE (in years
last birthday)

45

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

NO

W

14. MOTHER'S MAIDEN NAME

O

W

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
M. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

*R. J. Fisher*23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

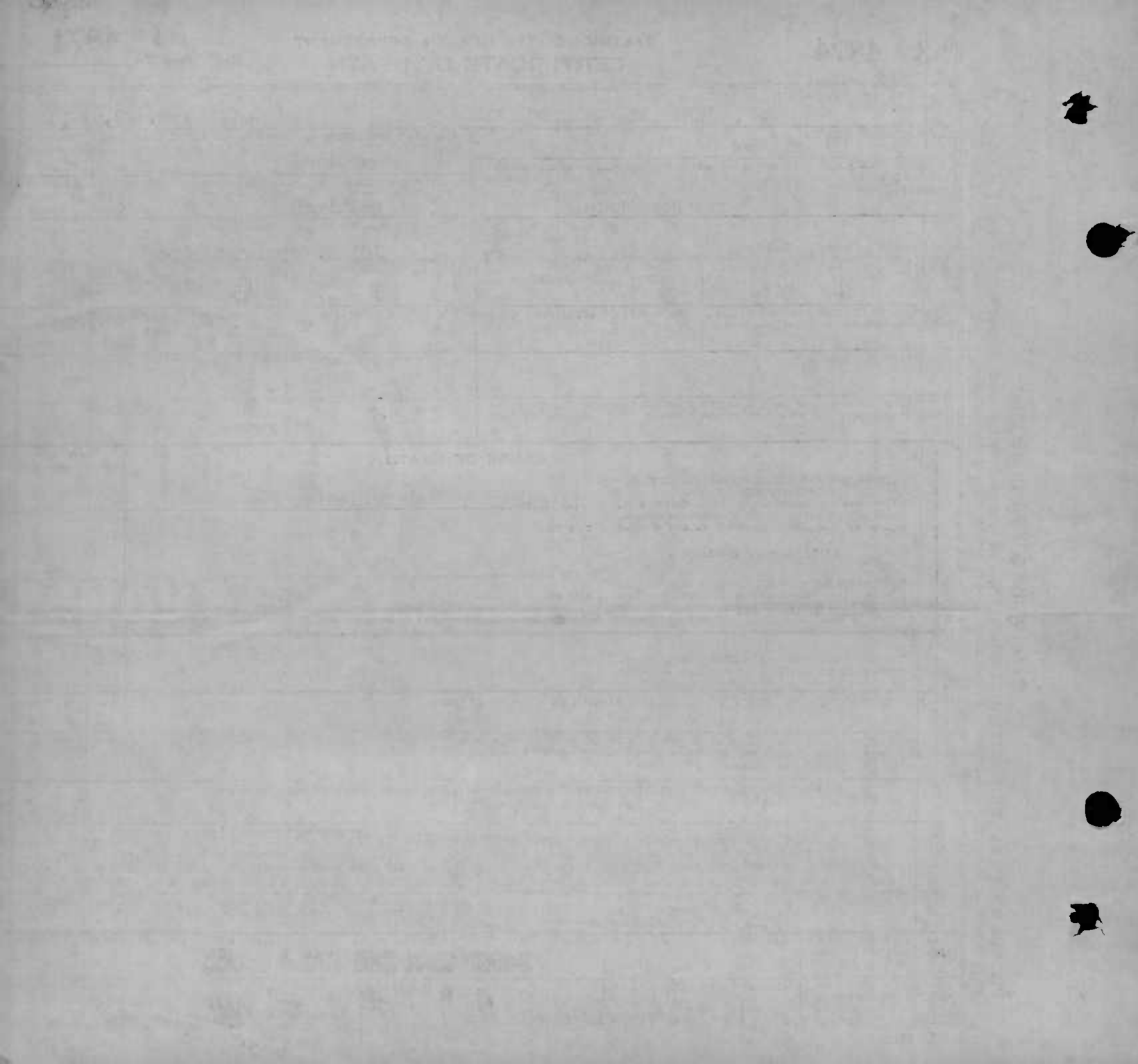
UNIVERSITY MEDICAL SCHOOL MAY 8 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4875
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES WILLARD BLAISDELL

2. DATE OF DEATH April 22, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-04

Baltimore City Morgue

D. STREET ADDRESS (If rural, give location)

2215 N. Calvert Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

u

8. DATE OF BIRTH

u

9. AGE (in years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

k

11. BIRTHPLACE (State or foreign country)

k

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

n

14. MOTHER'S MAIDEN NAME

o

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

n

17. INFORMANT

n

ADDRESS

18. 416x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac failure

QUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion, resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED April 22, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

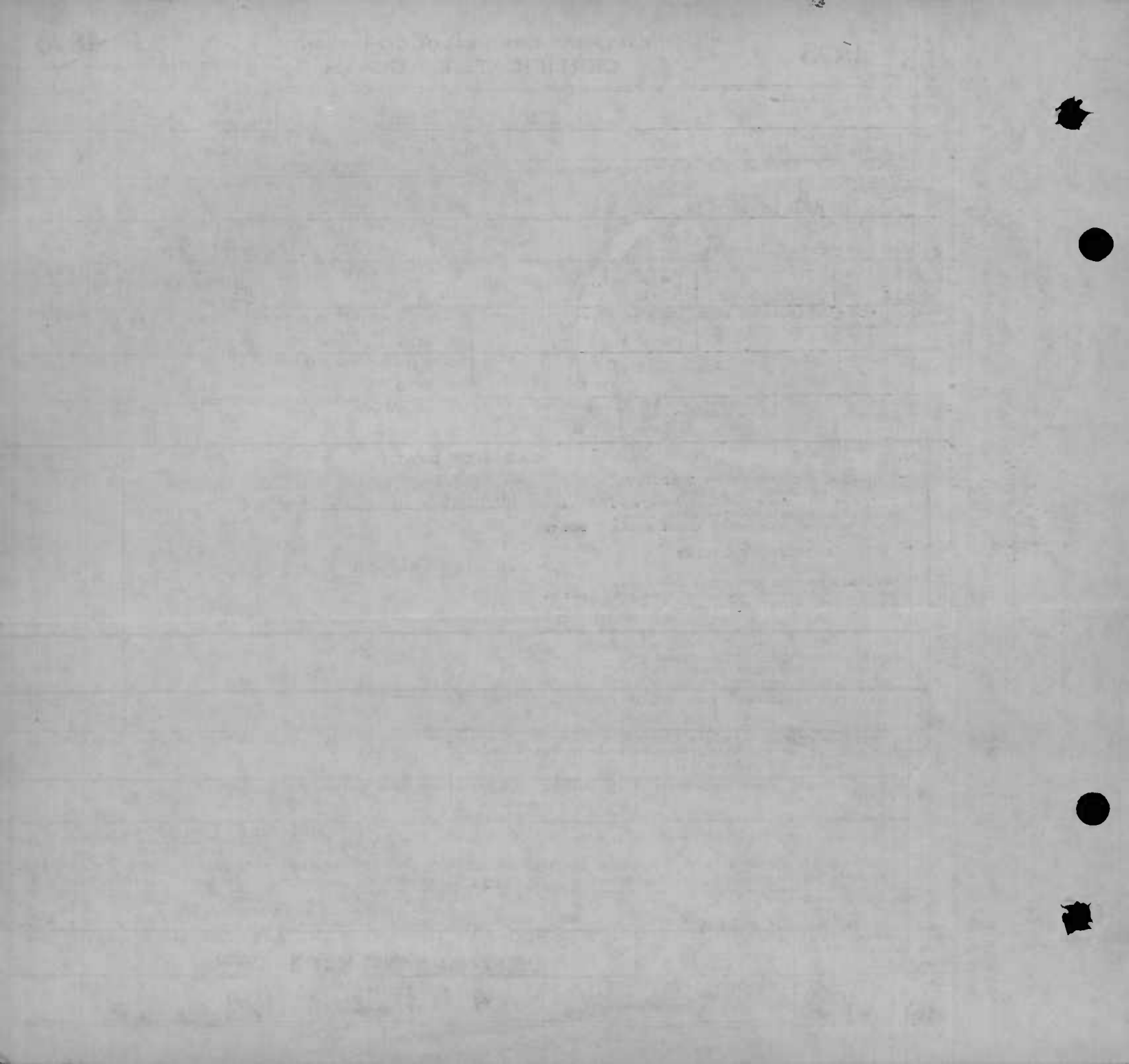
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

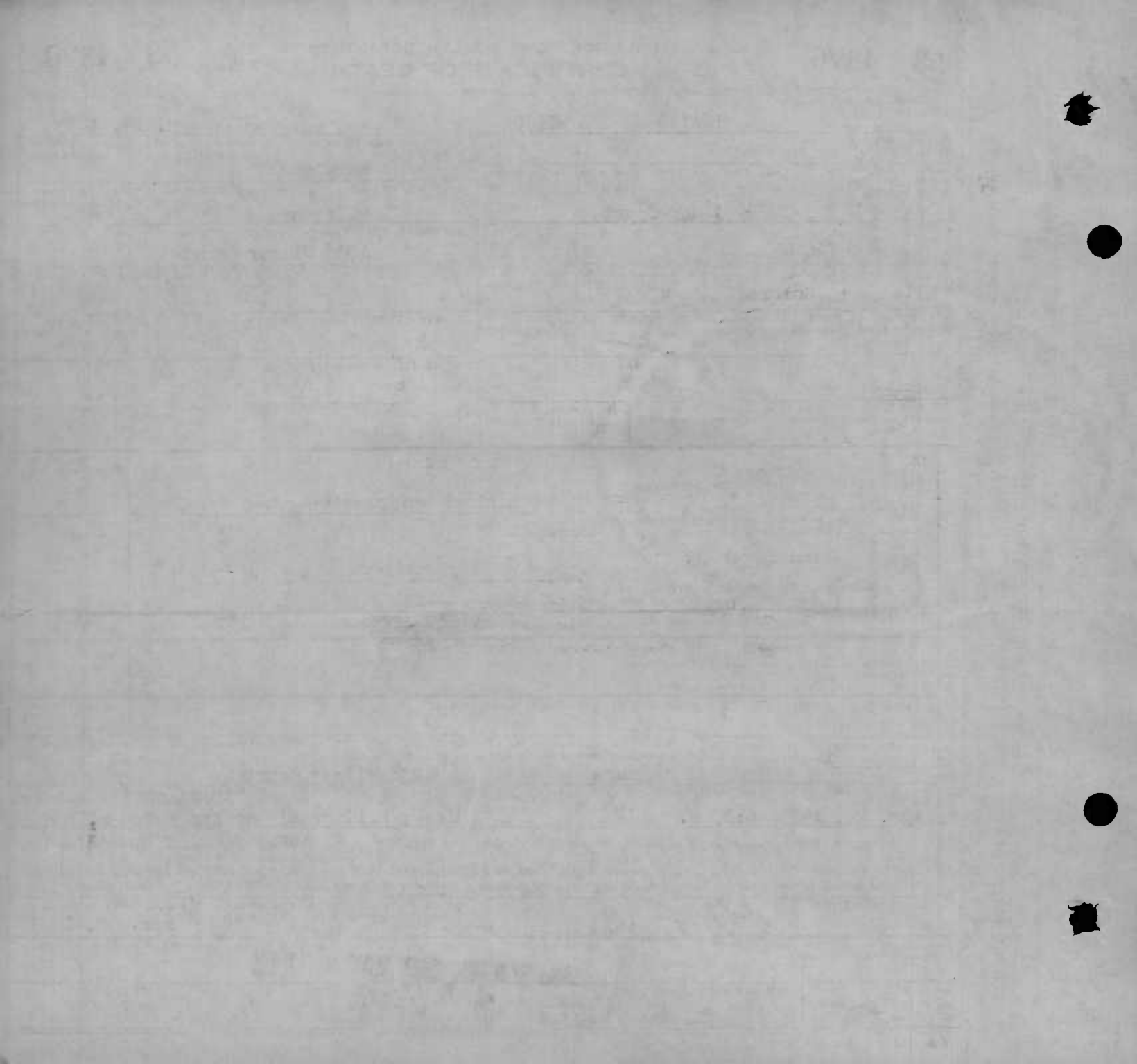
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4876	
1. NAME OF DECEASED (Type or Print) ISAIAH WILSON				2. DATE OF DEATH Apr. 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1038 Wilmer Court				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1038 Wilmer Court				E. DATE OF BIRTH u	
F. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) u		9. AGE (In years last birthday) 12 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY k		11. BIRTHPLACE (State or foreign country) k	
13. FATHER'S NAME n		14. MOTHER'S MAIDEN NAME o		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. n		17. INFORMANT ADDRESS	
18. E924.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Mechanical suffocation DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1038 Wilmer Court	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Apr. 29, 1953 6:00 P. m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Head caught between lower horizontal bar and frame of bed	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Apr. 30, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
VS 151 N 991X					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4877	
BIRTH NO. 53 4877					
1. NAME OF DECEASED (Type or Print) PAUL BARNES			2. DATE OF DEATH May 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 5-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 240 N. Exeter Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U	9. AGE (In years last birthday) 57	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME O			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. W	17. INFORMANT N ADDRESS ✓		
18. 002X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) FAR ADVANCED PULMONARY TUBERCULOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 3, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D. ADDRESS	
VS 151					

May 1, 1953

1. Mr. J. H. [unclear]

2. Mr. [unclear]

3. Mr. [unclear]

4. Mr. [unclear]

5. Mr. [unclear]

6. Mr. [unclear]

7. Mr. [unclear]

8. Mr. [unclear]

9. Mr. [unclear]

10. Mr. [unclear]

11. Mr. [unclear]

12. Mr. [unclear]

13. Mr. [unclear]

14. Mr. [unclear]

15. Mr. [unclear]

16. Mr. [unclear]

17. Mr. [unclear]

18. Mr. [unclear]

19. Mr. [unclear]

20. Mr. [unclear]

21. Mr. [unclear]

22. Mr. [unclear]

23. Mr. [unclear]

24. Mr. [unclear]

25. Mr. [unclear]

26. Mr. [unclear]

27. Mr. [unclear]

28. Mr. [unclear]

29. Mr. [unclear]

30. Mr. [unclear]

31. Mr. [unclear]

32. Mr. [unclear]

33. Mr. [unclear]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

53 4878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4878

1. NAME OF DECEASED
(Type or Print)

DOCTOR

CONRAD

2. DATE
OF
DEATH

May 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1427 E. Lombard Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

u

8. DATE OF BIRTH

u

9. AGE (In years last birthday)

47

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

k

11. BIRTHPLACE (State or foreign country)

k

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

n

14. MOTHER'S MAIDEN NAME

o

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

h

17. INFORMANT

n

ADDRESS

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Fatty infiltration of liver

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

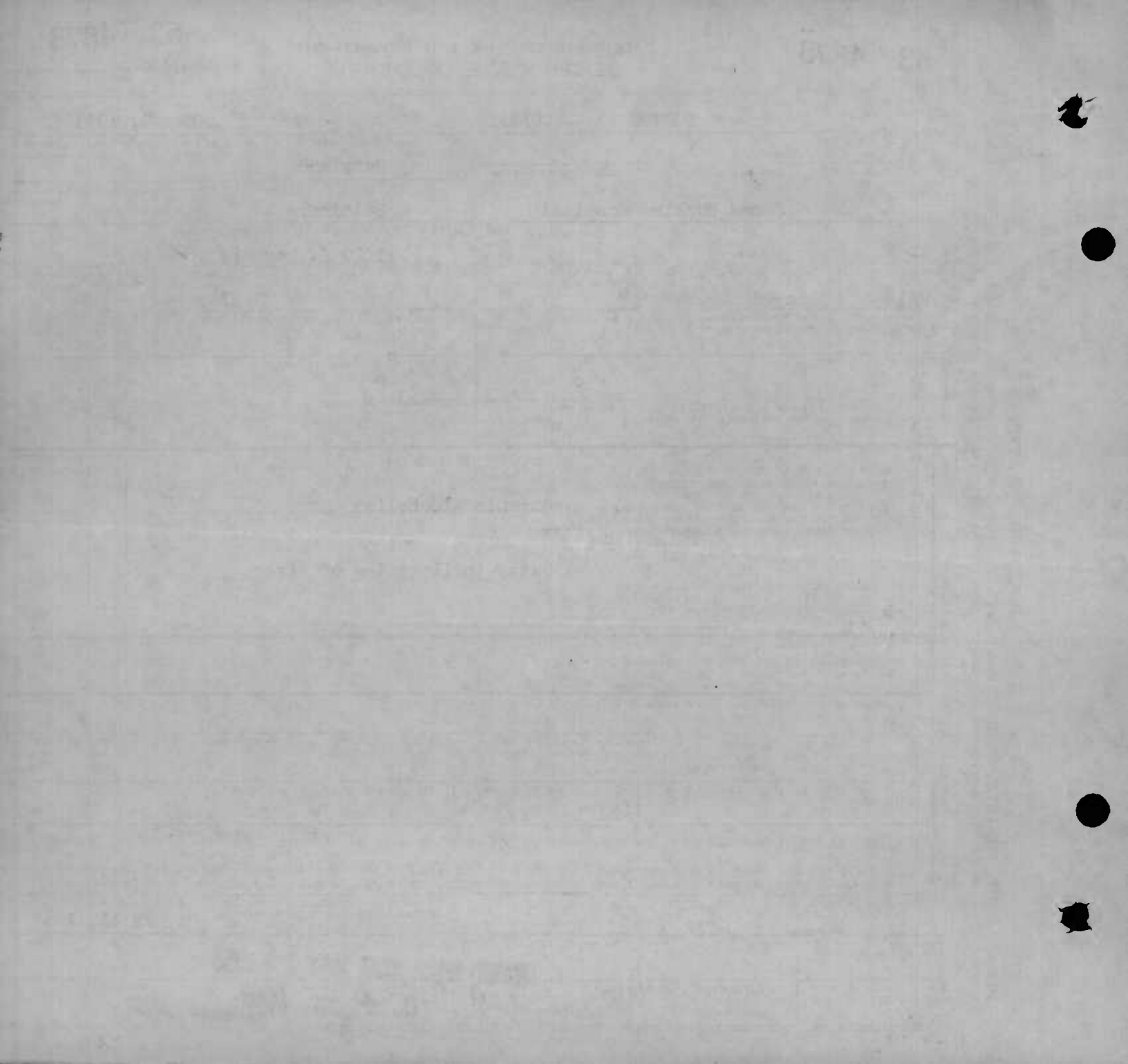
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL MAY 15 1953



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13-2-62
53 4879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4879
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

B.

L.

BACKERS

2. DATE
OF
DEATH April 30, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 00

University Hospital

D. STREET ADDRESS (If rural, give location)
UNKNOWN

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 34
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

Male

Colored

u

u

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED May 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

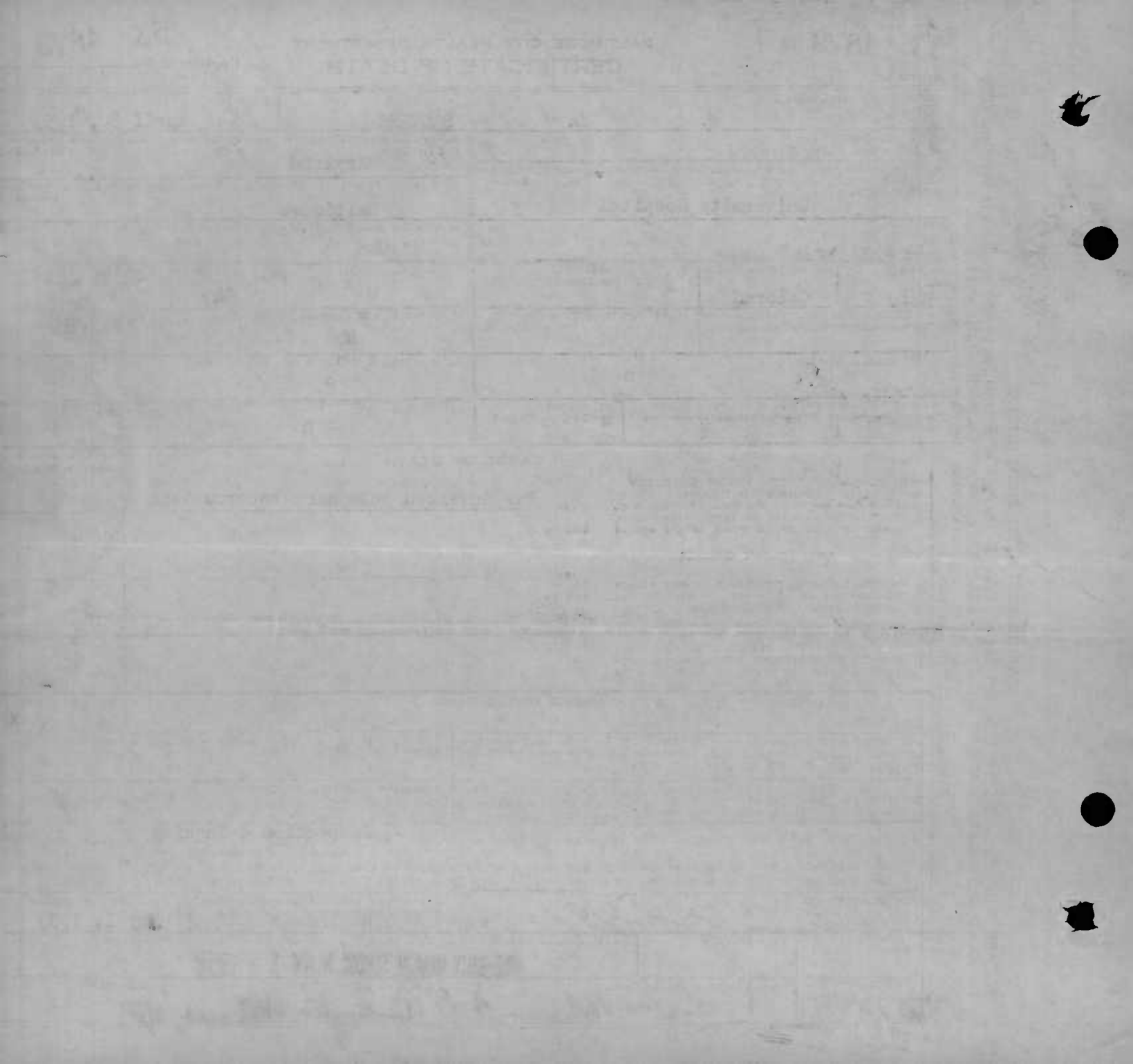
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

W-534

53 4880

BIRTH NO. *Index*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4880

1. NAME OF DECEASED (Type or Print) <i>James K. Windle</i>		2. DATE OF DEATH <i>May 23, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Okla</i> B. COUNTY <i>V-33</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>GOR</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Claremore</i>	
D. STREET ADDRESS (If rural, give location) <i>212 S. Perdue</i>			
c. Length of stay in Baltimore <i>3</i> Mos. Days			
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>3-13-53</i>
9. AGE (In years last birthday) <i>2</i>		10. Under 1 Year Months: Days <i>13</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Okla</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Hollis E. Windle</i>		14. MOTHER'S MAIDEN NAME <i>Shirley Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>congenital heart disease</i>		CAUSE OF DEATH (A) DUE TO <i>cardiac arrest, operative</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>5/23/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>cong. heart disease</i>	
19C. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		19D. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20A. TIME (Month) (Day) (Year) (Hour) OF INJURY		20B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20C. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from <i>5-20-</i> , 19 <i>53</i> to <i>5-23-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5-23-</i> , 19 <i>53</i> , and that death occurred at <i>2:30 P.</i> , from the causes and on the date stated above.			
22A. SIGNATURE <i>James V. Maloney, Jr.</i>		22B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
22C. DATE SIGNED			
23A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23B. DATE <i>MAY 23, 1953</i>	
23C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN</i>		23D. LOCATION (City, town, or county) (State) <i>CLAREMORE, OKLAHOMA</i>	
24A. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 24 1953</i>		24B. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24C. FUNERAL DIRECTOR <i>John O. Mitchell</i>		24D. ADDRESS <i>1900 East Ave. Pk.</i>	

VS 150

Q. 21. E2

11. A. 17

11. A. 17



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-457
State Anatomical

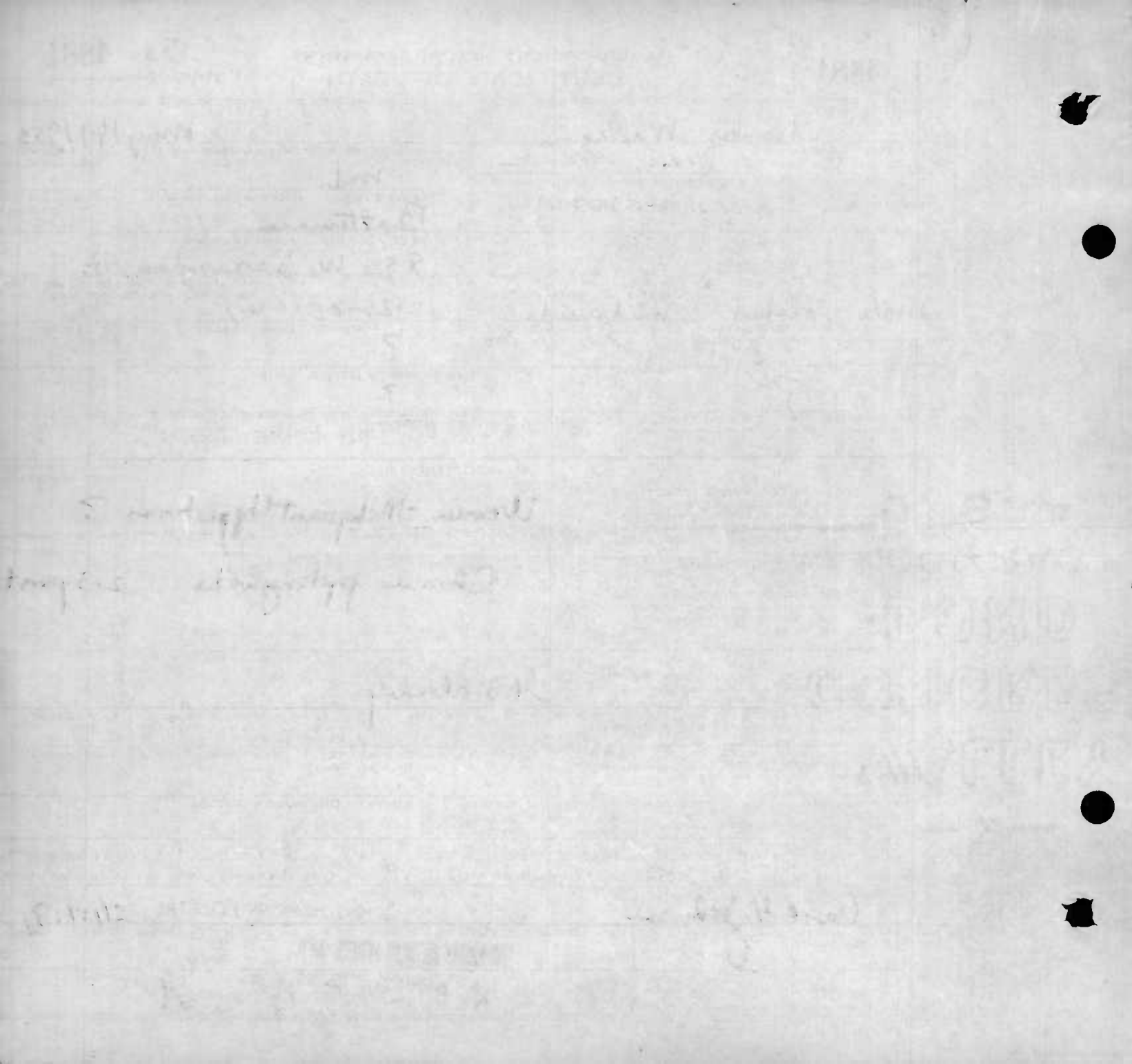
53 4881
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4881
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Charles Williams</u>			2. DATE OF DEATH <u>May 14, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. OR 2</u>			4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 18-01</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>858 W. Lexington St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-25-05</u>		9. AGE (In years last birthday) <u>47</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>P</u>			14. MOTHER'S MAIDEN NAME <u>P</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		
18. <u>600.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia - Malignant Hypertension ?</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Chronic pyelonephritis</u>			<u>2-3 years</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>H.9. Bleeding</u>					
19A. DATE OF OPERATION <u>✓</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-3</u> , 1953, to <u>5-14</u> , 1953, that I last saw the deceased alive on <u>5-14</u> , 1953, and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Carol Y. Johnson</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>5/15/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 24 1953</u>		REGISTRAR'S SIGNATURE <u>H. J. Williams</u>		25. FUNERAL DIRECTOR <u>ST. Antagon Williams, M.D.</u>	

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-136738
53 4882
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4882
Registered No.

1. NAME OF DECEASED (Type or Print) Edgar Lewis		2. DATE OF DEATH May 9-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore 3yrs.?		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals - 4940 Eastern Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Nov. 17-1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72 If Under 1 Year: Months: Days: Hours: Min.
13. FATHER'S NAME Barton Lewis		11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Margaret ?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 2wks.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hypertensive Cardio Vascular Disease Years	
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-22- , 19 50 to 5-9- , 19 53 , that I last saw the deceased alive on 5-9- , 19 53 , and that death occurred at 5:15 PM from the causes and on the date stated above.			
23A. SIGNATURE H. Johnston		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED May 9-1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1953		REGISTRAR'S SIGNATURE H. Johnston	
VS 150		25. FUNERAL DIRECTOR University Medical School MAY 15 1953 H. Johnston	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-426
53 4883BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4883

1. NAME OF DECEASED (Type or Print)		JOHN J MULGREW		2. DATE OF DEATH May 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1004 Brentwood Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 4, 1904	9. AGE (in years last birthday) 49	10. Under 1 Year Months Days 11. Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper		10B. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Edward Mulgrew			14. MOTHER'S MAIDEN NAME Mary Murphy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Margaret Mulgrew 1004 Brentwood	
18. E 812.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Extradural hemorrhage DUE TO Fracture of skull ANTECEDENT CAUSES Compound comminuted fracture, right tibia and fibula DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Charles and Biddle Sts. 11/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 21, 1953 7:30 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fischer		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 25, 1953		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Rita Wiederfeld 900 E. Biddle St		24F. ADDRESS	

VS 151

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97093



STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
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37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
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53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4885**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Emily S. Fripp**

2. DATE OF DEATH **5-73-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY **12-05**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Widow Emily S. Fripp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore MD

C. Length of stay in Baltimore **34**

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
1613 St. Paul St

5. SEX **Female**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH **Jan 1, 1872**

9. AGE (In years last birthday) **81** If Under 1 Year Months: **5** Days: **13** If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
England

12. CITIZEN OF WHAT COUNTRY?
England

13. FATHER'S NAME
Alfred Barker

14. MOTHER'S MAIDEN NAME
Mary Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT **Margaret J. Garland** ADDRESS **1635 N. Calvert St., Baltimore**

18. **420.1**
I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Myocardial Infarction
Hypertensive-C. V. Disease
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 Hour
Unknown
Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/11**, 19**53** to **5/13**, 19**53** that I last saw the deceased alive on **5/12**, 19**53**, and that death occurred at **8:30 A.**, from the causes and on the date stated above.

23A. SIGNATURE **Dorothy Lee**

23B. ADDRESS **Maryland Avenue**

23C. DATE SIGNED **5/13**

24A. BURIAL, CREMATION REMOVAL (Specify)
Burial

24B. DATE **May 21/53**

24C. NAME OF CEMETERY OR CREMATORY **Louder Park**

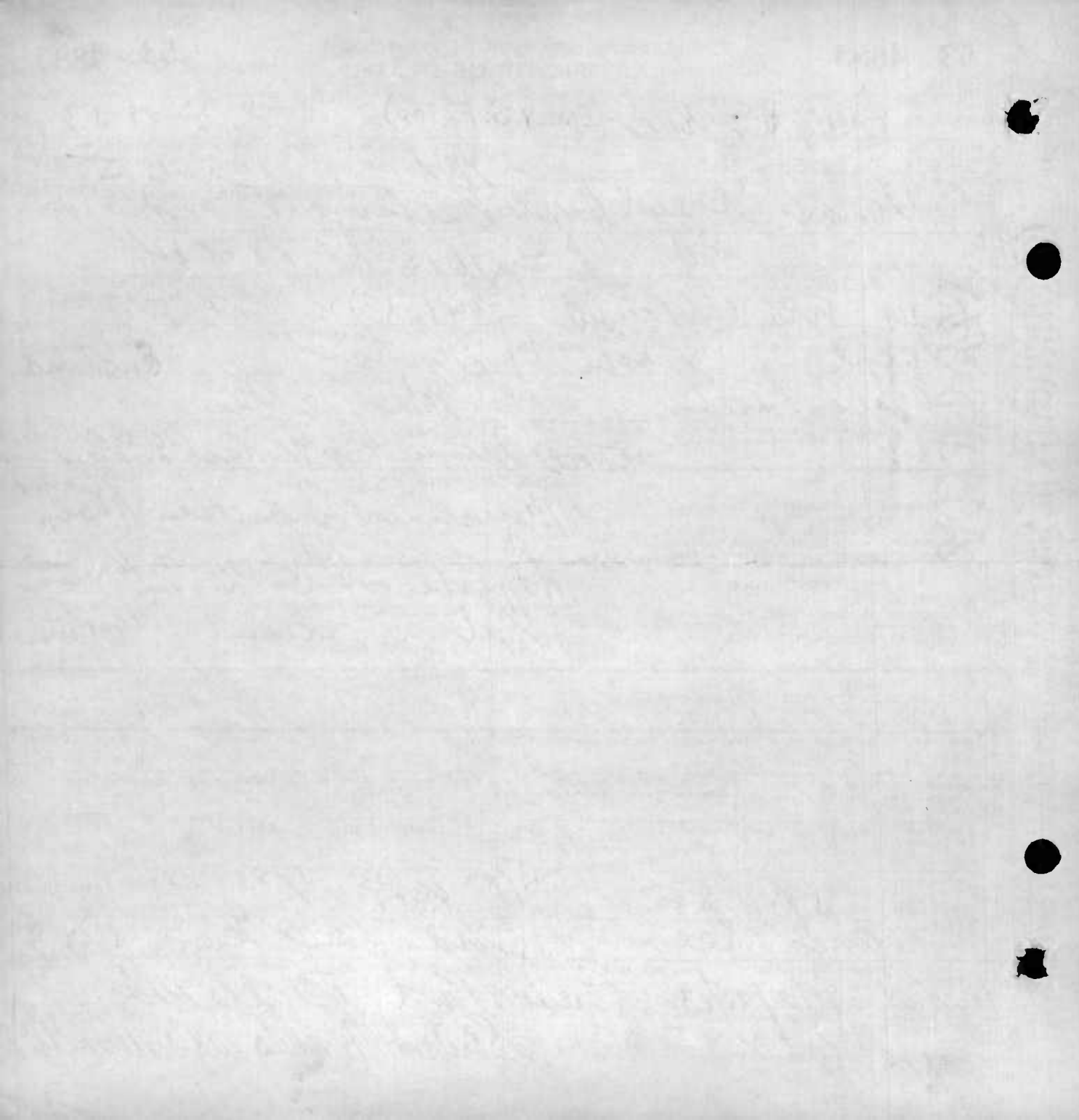
24D. LOCATION (City, town, or county) (State)
Baltimore MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4886BIRTH NO. 53 48861. NAME OF DECEASED
(Type or Print)Andrew (Andy) Lanehart2. DATE
OF
DEATH5. 21. 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE MD. B. COUNTY before admissionB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)S. B. B. N.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore 24-04

D. STREET ADDRESS (If rural, give location)

1510 Byrd St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)W

8. DATE OF BIRTH

7. 11. 18779. AGE (in years
last birthday)26If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)LABORER10B. KIND OF BUSINESS OR
INDUSTRYSelf.

11. BIRTHPLACE (State or foreign country)

Maryland.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony

14. MOTHER'S MAIDEN NAME

Elizabeth ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No.16. SOCIAL
SECURITY NO.218-10-9171

17. INFORMANT

ADDRESS

Family - Same18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Coronary occlusionImmediate

DUE TO

ANTECEDENT CAUSES

Hypertensive cardio vascular
disease.?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/13/49, 19 , to 5/21/53, 19 , that I last saw the
deceased alive on 5/18/ , 1953, and that death occurred at P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Beebe

M. D.

23B. ADDRESS

1226 Hanover Street,

23C. DATE SIGNED

5/22/53.24A. BURIAL, CREMA-
TION, REMOVAL (Specify)B.

24B. DATE

5. 25. 53

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

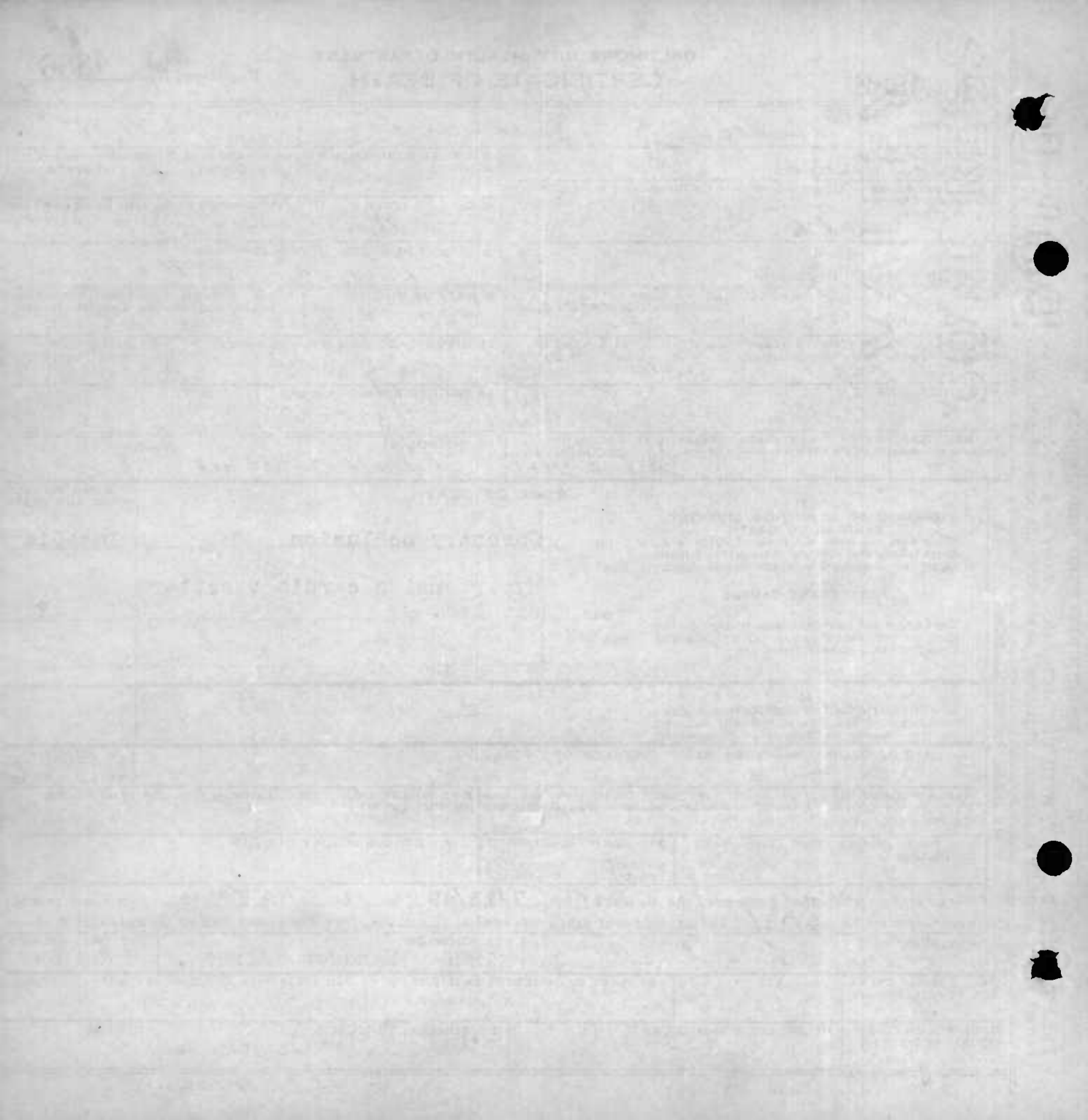
REGISTRAR'S SIGNATURE

Harry Beebe

25. FUNERAL DIRECTOR

ADDRESS

130 E. Fort Avenue.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4887**

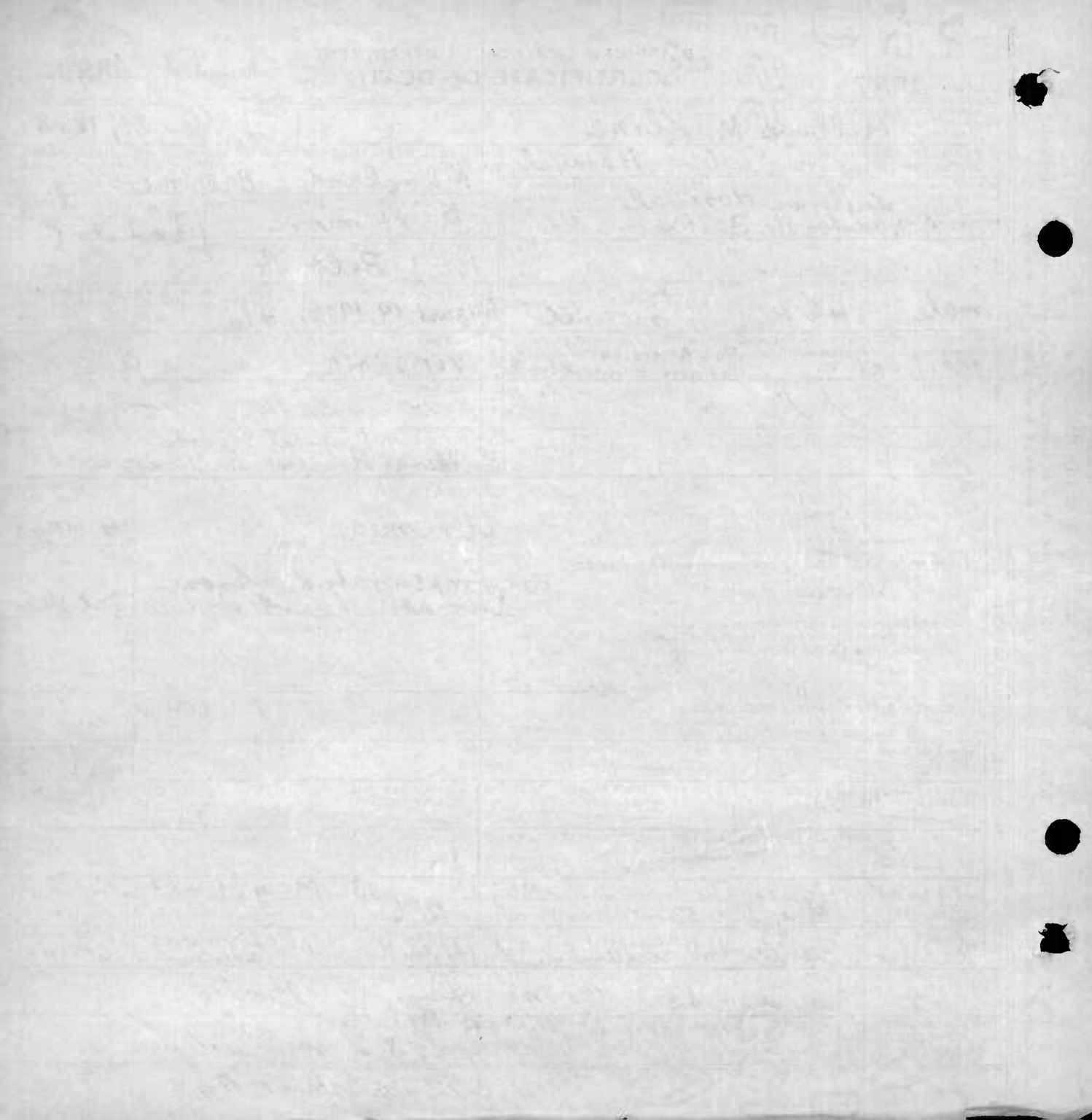
BIRTH NO 4887

1. NAME OF DECEASED (Type or Print) Millard M. Kline			2. DATE OF DEATH May 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Lutheran Hospital			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital 730 Ashburton Str. Baltimore Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1523 Belt Str.			24-04		
c. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 14, 1906	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist			10B. KIND OF BUSINESS OR INDUSTRY Pan American Refinery, E. Brooklyn Md.		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Lo Lu N. Auto. Research Lab.			14. MOTHER'S MAIDEN NAME MICHELLE MANN.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT hospital records ADDRESS Lutheran Hospital, Baltimore Md.					
18. 416x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO decompensated chronic rheumatic heart disease				INTERVAL BETWEEN ONSET AND DEATH 4 days one year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 17, 1953 to May 21, 1953 , that I last saw the deceased alive on May 21, 1953 and that death occurred at 12:58 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Rudolph M. Zander M.D. assistant resident		23B. ADDRESS Lutheran Hospital Baltimore Maryland		23C. DATE SIGNED 5-21-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 5-25-53		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) BALTO.					
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR JAS. L. McCullough	
VS 150		54458130 E. Font Ave.			

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 4888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4888
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS ANTHONY JOHNSON

2. DATE
OF
DEATH

5-20-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEM. HOSPT.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

1893

9. AGE (in years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ROOFER -

10b. KIND OF BUSINESS OR
INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRED. A. JOHNSON

14. MOTHER'S MAIDEN NAME

CLARA ROSENSTEEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WW-1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. HABEL JOHNSON - 509 E. 26th St.

18.

42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Cardiac Dehydration

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

24

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Bony Infection

DUE TO

10 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21, 1938, to 5/20, 1953, that I last saw the
deceased alive on 5/20, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

S. C. Faldman

M. D.

23b. ADDRESS

1440 E. Balt St

23c. DATE SIGNED

5/24/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

5-25-53

24c. NAME OF CEMETERY OR CREMATORY

BALTO. NAT'L

24d. LOCATION (City, town, or county)

CITY

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henderson & Sons

MAY 25 1953

VS 150

581 24

Greenman & Sons

1893

WILLIAM H. HAYES
JANUARY 1893

1893

Francis Anthony Johnson

Mo

June

200 E 21st St

1893

20

Barre, Mo.

Charles Francis

Mrs. Walter Johnson - 1893

John H. Hayes

W

W

W

200 E

Barre

Frederic A. Johnson

Nov 1

for

Barre 25th Barre Mo.

William H. Hayes
Barre, Mo.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4889

53 4889

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALVERDA M. O'BRIEN

2. DATE
OF
DEATH

J-VV-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1228 W. Cross St

6. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 21-02

D. STREET ADDRESS (If rural, give location)

919 Washington BLVD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-12-1872

9. AGE (In years
last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PETER WALTERS

14. MOTHER'S MAIDEN NAME

SARAH HANEHART

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Robert C. Walters 171 S. Stricker St

ADDRESS

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CARCINOMA OF GALL BLADDER 10 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1952, to May 22, 1953 that I last saw the
deceased alive on May 21, 1953, and that death occurred at 5:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

H. H. H. H.

M. D.

23B. ADDRESS

517 Scott St.

23C. DATE SIGNED

May 22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-25-53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 25 1953

REGISTRAR'S SIGNATURE

H. H. H. H.

25. FUNERAL DIRECTOR

Pratt & Stricker St

ADDRESS

6830

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

INVESTIGATOR

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

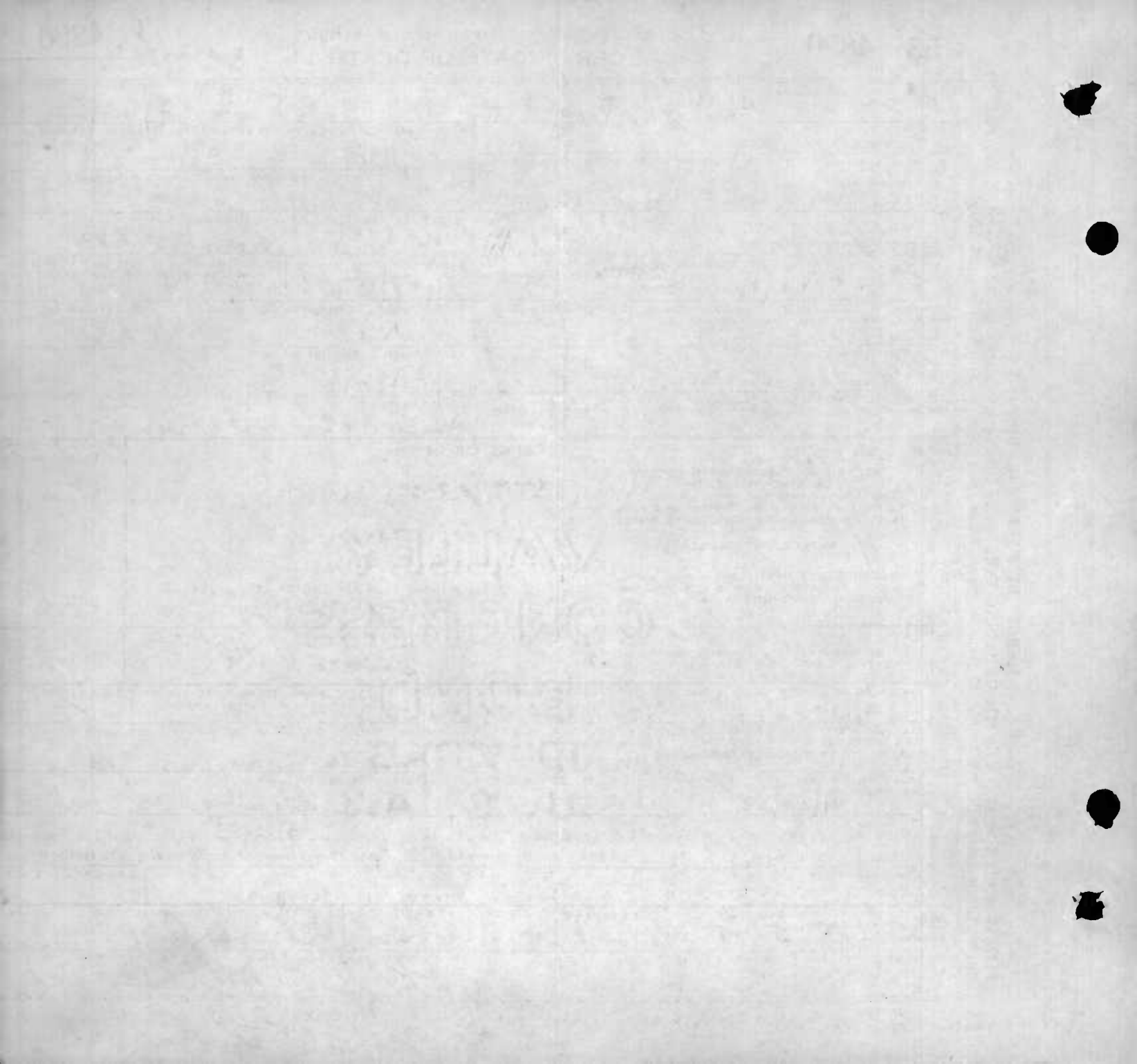
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 4890		BALTIMORE CITY HEALTH DEPARTMENT		53 4890	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Adaline Barrett			2. DATE OF DEATH 5/22/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto		
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-04		
c. Length of stay in Baltimore 77 Yrs. 17 Days			D. STREET ADDRESS (If rural, give location) 6 S. Smallwood St #23		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 7/28/1875?	9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Benjamin Mellor			14. MOTHER'S MAIDEN NAME Ennier Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Emily Cox 495. Marky St	
18. E902.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intertrochanteric Fracture, right Femur DUE TO Nephrosclerosis DUE TO Generalized Arteriosclerosis DUE TO Diabetes Mellitus			CAUSE OF DEATH Intertrochanteric Fracture, right Femur Nephrosclerosis Generalized Arteriosclerosis Diabetes Mellitus		
19. DATE OF OPERATION 5/13/53			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Intertrochanteric Fracture of femur		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Home 6 S. Smallwood St. #23	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/24/53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fall while getting out of bed	
22. I hereby certify that I attended the deceased from 5/1/53 , 19__, to 5/22/53 , 19__, that I last saw the deceased alive on 5/22/53 , 19__, and that death occurred at 8:08 p.m., from the causes and on the date stated above.					
23A. SIGNATURE George H. Smith			23B. ADDRESS University Hospital		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5-25-53	24C. NAME OF CEMETERY OR CREMATORY St Johns Cem		24D. LOCATION (City, town, or county) (State) Baltimore City Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953	REGISTRAR'S SIGNATURE Therese M. Williams		25. FUNERAL DIRECTOR ADDRESS Wm. B. M. Walters		

Body released for Autopsy, performed pending approval Medical Exam. Office.
N821.0
Phil & Chuck CB



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

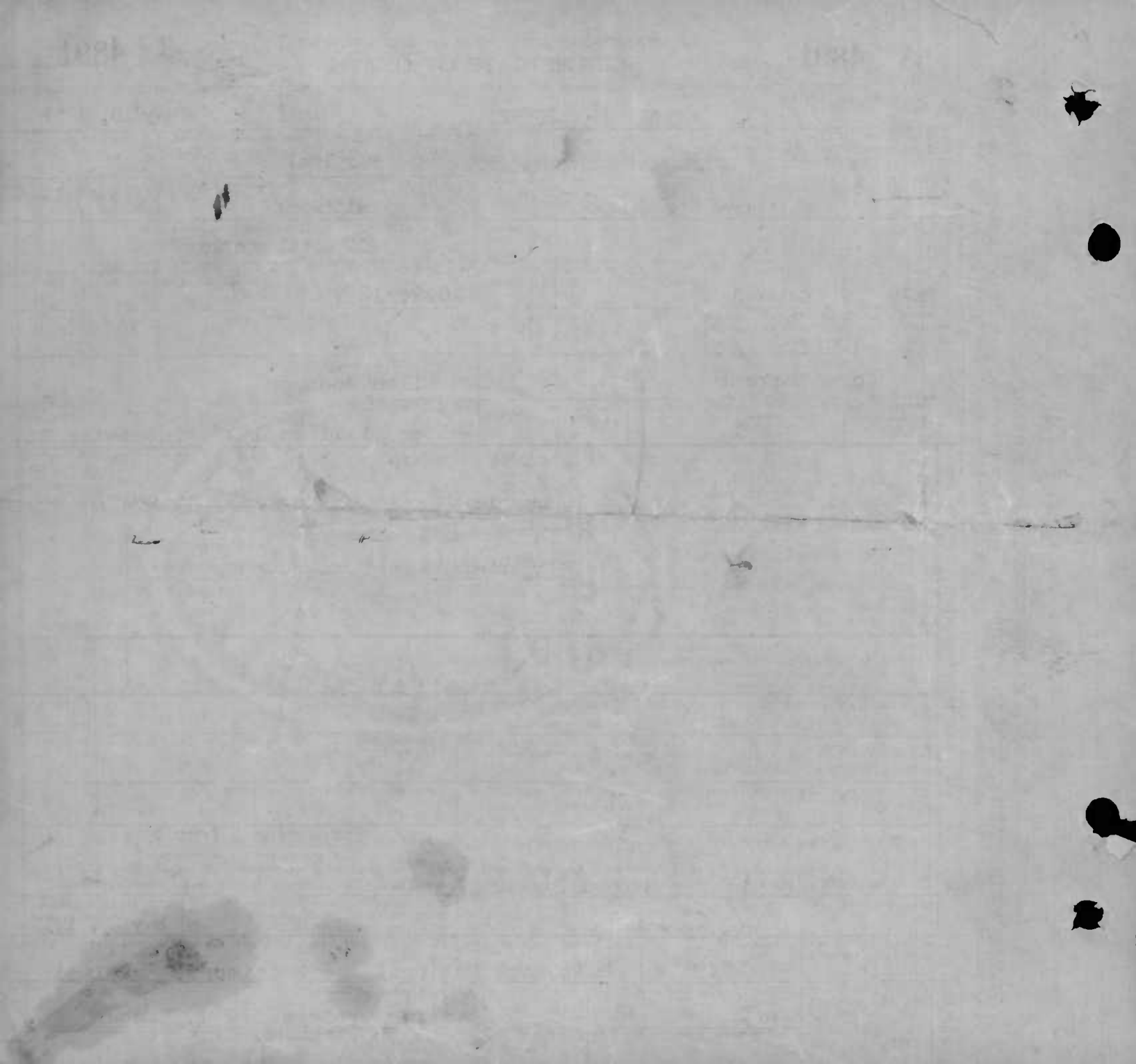
B-230
53 4891BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4891

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN W. BECKETT		May 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 412 Littlegeorge Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10/26/1897	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME John Beckett		14. MOTHER'S MAIDEN NAME Ellen Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Ellen Williams 1513 Winchester St.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X1 I (A) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES (B) Hypertensive cardiovascular disease DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED May 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/25/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Walter Spriggs 139 W. Hamburg St.	

VS 151

97099



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR FINDING

MEDICAL CERTIFICATION

BIRTH NO.				Baltimore City Health Department		Certificate of Death		Registered No.	
1. NAME OF DECEASED (Type or Print)				JOSEPHINE F. CHMURA (ARNOLD)		2. DATE OF DEATH		May 22, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE		B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)			
Johns Hopkins Hospital				Baltimore		223 S. Register St.			
c. Length of stay in Baltimore				Life					
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Female		White		Married		Aug. 13, 1913		40 ?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
press operator				National Can Corp.		Baltimore, Md.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
Michael Fieden				Mary ?				216-16-6597	
17. INFORMANT				ADDRESS		18. E 975X I		CAUSE OF DEATH	
Stanley Fieden				223 S. Register St				INTERVAL BETWEEN ONSET AND DEATH	
19. E 975X I				DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Drowning			
				(B) DUE TO					
				ANTECEDENT CAUSES		(C) DUE TO			
				DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
				OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
				harbor				Foot of Bond Street	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK				21f. HOW DID INJURY OCCUR?	
May 22, 1953 (Found) A.M.								Found drowned	
22. I certify that I took charge of the remains described above, held an				partial autopsy				thereon and from	
				Autopsy, Inspection or Inquiry					
				the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE				23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>				23c. DATE SIGNED	
J. P. F. Fisher				M.D.				May 22, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county)		(State)	
Burial		May 24, 1953		St. Stanislaus		1300 Dundalk Ave (Balto, Md)			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS			
May 25, 1953		Huntington Williams M.D.		George A. Weber 705 S. Rm 40					
VS 151		N 990X		6903D					

Sheet 28

WATER-LOVE

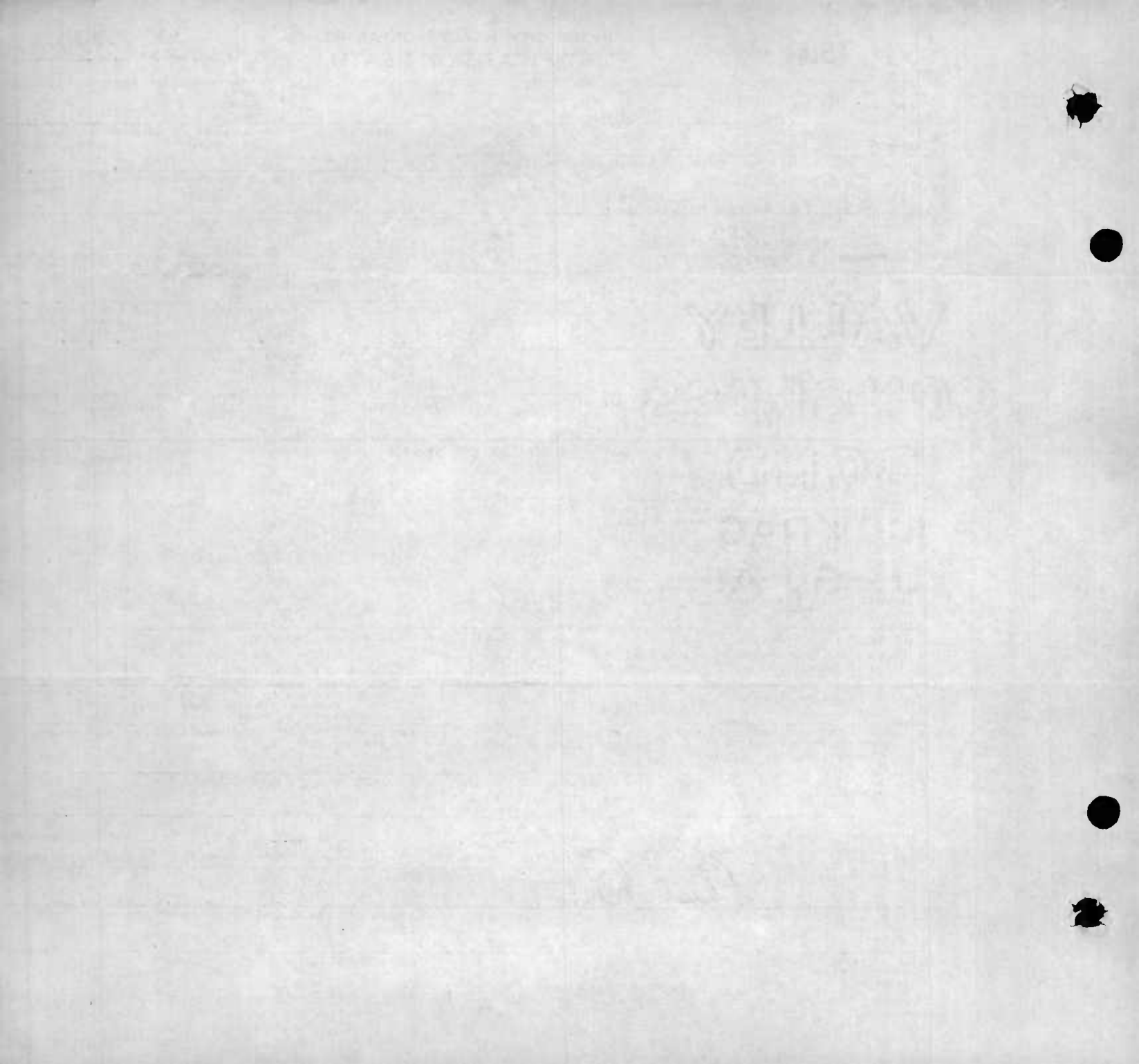
1891



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 4893				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 1893 Registered No. 53-4893			
1. NAME OF DECEASED (Type or Print) Gertrude Trone						2. DATE OF DEATH May 23, 1953					
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Wash.					
B. FULL NAME OF (If not in hospital or institution, give street address or location) Montebello Hospital,						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonsboro 7/00					
c. Length of stay in Baltimore Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) Boonsboro Nursing Home					
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 30, 1885		9. AGE (In years last birthday) 67		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY own				11. BIRTHPLACE (State or foreign country) Greencastle, Pa.			
13. FATHER'S NAME James Burk						14. MOTHER'S MAIDEN NAME Susan Weaver					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT Hospital Record				ADDRESS	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Failure DUE TO ANTECEDENT CAUSES Coronary Artery Insufficiency DUE TO Hypertensive and Arteriosclerotic Vascular Disease Left Hemiplegia						INTERVAL BETWEEN ONSET AND DEATH 3 dys. yrs. many yrs					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. , 1952 to May 23 , 1953, that I last saw the deceased alive on May 23 , 1953, and that death occurred at 3:10 A.M. , from the causes and on the date stated above.											
23A. SIGNATURE Paul Rist						23B. ADDRESS Montebello Hosp. Balto. Md.		23C. DATE SIGNED May 23/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-27-53		24C. NAME OF CEMETERY OR CREMATORY Funkstown Cem.		24D. LOCATION (City, town, or county) (State) Funkstown, Md.					
DATE RECEIVED BY LOCAL REGISTRAR 5/27/53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR A. K. Goffman		ADDRESS Hagerstown, Md.					



MARGIN RESERVED FOR BINDING Dr. Paul Brown
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct as especially important. Physicians: please write the causes of death clearly and legibly.

H-241 CERTIFICATE CORRECTED 6-12-53

53 4894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4894

1. NAME OF DECEASED
(Type or Print)

Norma

Haslup

2. DATE
OF
DEATH May 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY none

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4503 Maine Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

4503 Maine Ave. 28-02

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 22, 1892

9. AGE (in years last birthday)

70 60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Schoolteacher

10B. KIND OF BUSINESS OR INDUSTRY

Public Schools

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Edgar Howard Haslup

14. MOTHER'S MAIDEN NAME

Elizabeth Eudora Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Henry C. Herring 3514 Lynchester Rd.

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Cecum with metastases

1952

ANTECEDENT CAUSES

(B) DUE TO
(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Cecum

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 29, 1953, to May 23, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul Brown

M. D.

23B. ADDRESS

3602 Liberty Heights Ave.

23C. DATE SIGNED

5 - 23 - 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5 - 25 - 53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons Inc. - 1900 Eutaw Pl.

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 4895

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) Baby Boy Raska

2. DATE

OF DEATH

5-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR

INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

300 Washbourne Ave.

c. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

5-22-53

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

1 1/2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Frank Raska

14. MOTHER'S MAIDEN NAME

Clara Dwsik

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Frank Raska 300 Washbourne Ave.

18.

776X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1953 to May 22, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

P. H. Heng - Tsin

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

May 22, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 25, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George J. Gonce 4001 Ritchie Hwy.

1984

23

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

STATE OF OHIO

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

M-235

53 4896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4896

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Mary Ann Mc Donald*

2. DATE OF DEATH *May 25-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Pennsylvania* B. COUNTY *V-35*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *5606 Tramore Road.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Philadelphia

7. STREET ADDRESS (If rural, give location)
2724 S. Mole street

8. Length of stay in Baltimore *3* Mos.

9. SEX *Female*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

12. DATE OF BIRTH *July 28th 1885*

13. AGE (In years last birthday) *67*

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*

17. KIND OF BUSINESS OR INDUSTRY *Home*

18. BIRTHPLACE (State or foreign country) *Pennsylvania*

19. CITIZEN OF WHAT COUNTRY? *U.S.A.*

20. FATHER'S NAME *Henry Meehan*

21. MOTHER'S MAIDEN NAME *Mary H. Mc Donald Meehan*

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) *no*

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS *Edward L. Meehan Balto. 14-nd*

25. I

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Carcinoma of breast (left)

27. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Metastases to rt breast & Mediastinum & chest

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hypertensive Cardio-Vascular Disease

29. DATE OF OPERATION *0*

30. CONDITION FOR WHICH OPERATION WAS PERFORMED

31. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

32. AUTOPSY? YES ☐ NO ☒

33. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

36. TIME (Month) (Day) (Year) (Hour) OF INJURY

37. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from *April 20*, 1953, to *May 25*, 1953, that I last saw the deceased alive on *May 23*, 1953, and that death occurred at *3 A* m., from the causes and on the date stated above.

40. SIGNATURE *D. V. Harbold*

41. ADDRESS *4706 Harbold Road - 14*

42. DATE SIGNED *May 25, 1953*

43. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

44. DATE *May 27-1953*

45. NAME OF CEMETERY OR CREMATORY *St. Francis Cemetery*

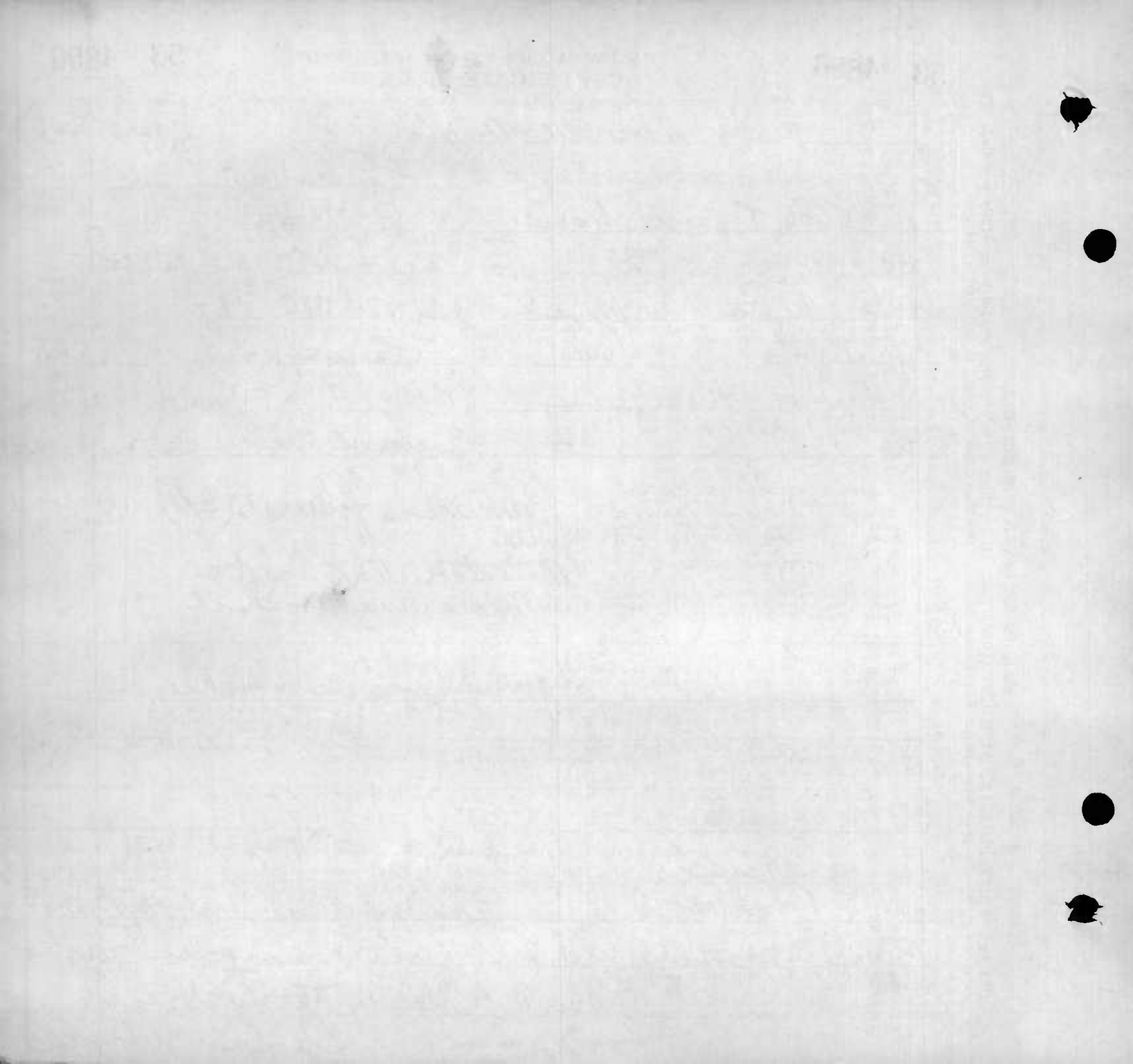
46. LOCATION (City, town, or county) (State) *Aberdeen Maryland*

47. DATE RECEIVED BY LOCAL REGISTRAR *MAY 25 1953*

48. REGISTRAR'S SIGNATURE *Henry Tarrington & Sons*

49. FUNERAL DIRECTOR ADDRESS *Aberdeen, Maryland.*

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

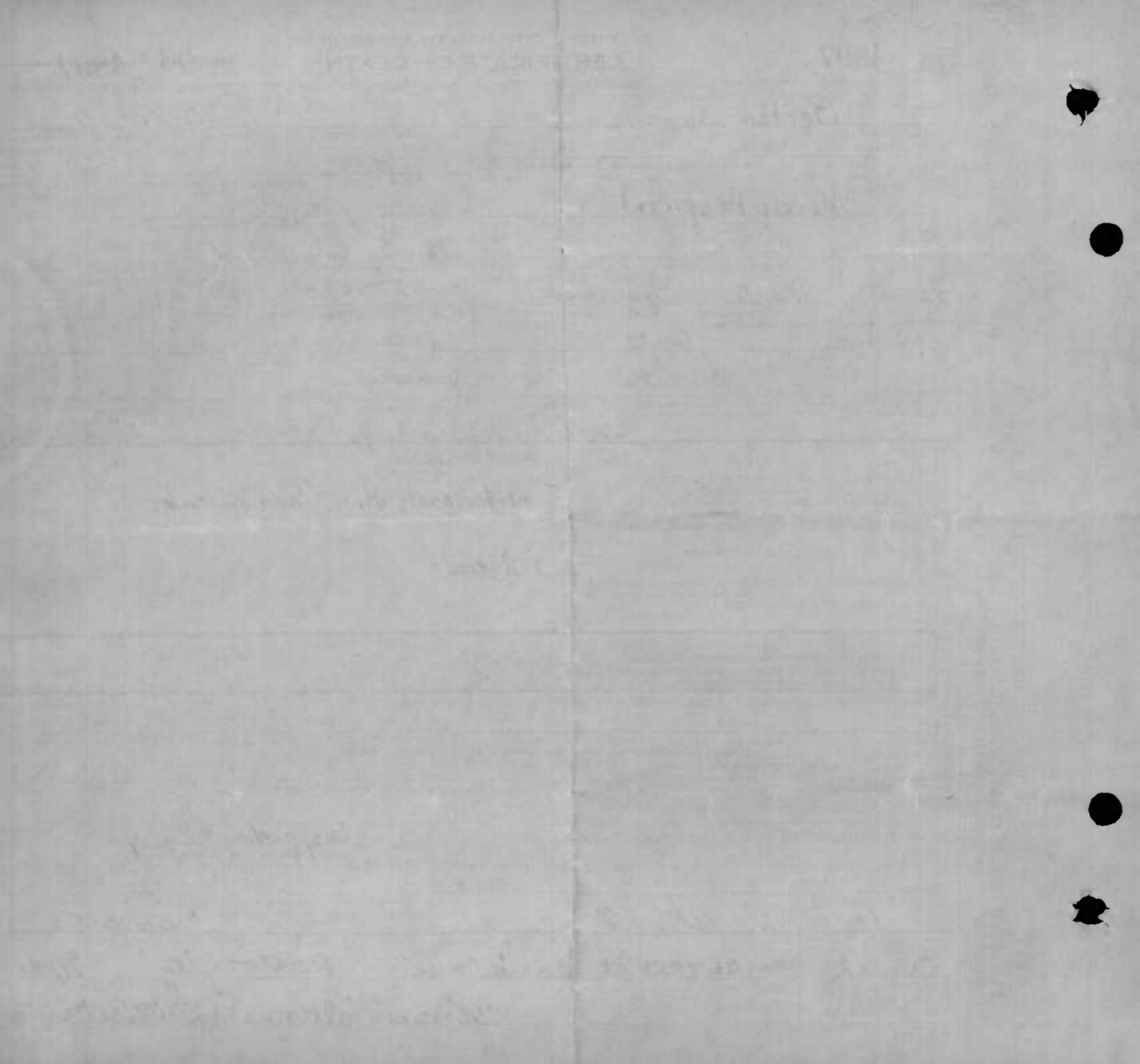
J-200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4897

53 4897
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bertha Jugo</i>			2. DATE OF DEATH <i>5-22-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. City</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If Rural, give location) <i>1615 Bank St. 3-01</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 27-1892</i>	9. AGE (in years last birthday) <i>61</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Coats</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Marecki</i>			14. MOTHER'S MAIDEN NAME <i>Jadwiga</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>220-01-3528</i>		17. INFORMANT <i>Vera Jugo</i> ADDRESS <i>314 Upper Landing Ave. Essex</i>	
18. <i>422.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Cardiovascular</i> DUE TO ANTECEDENT CAUSES <i>Disease</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection & Inquiry</i> hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <i>5-23-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 26-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Stanislaus</i>	
24D. LOCATION (City, town, or county) <i>Balto. City</i>		24E. STATE <i>Md.</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. S. Fialkowski</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR <i>2007 Eastern Ave.</i>	



MARGIN RESERVED FOR BINDING

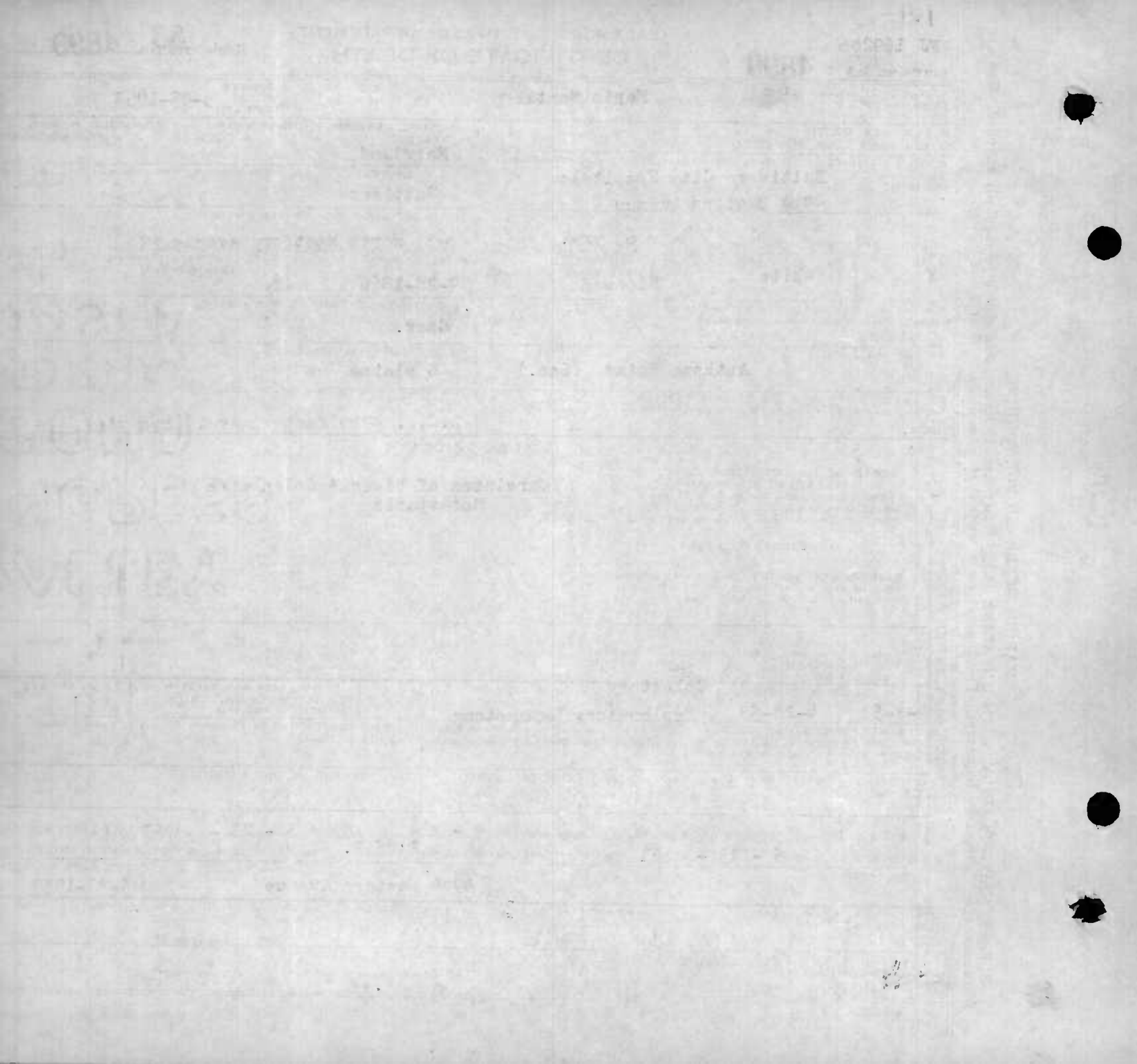
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-634 53 4898		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4898 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) BRADLEY, GEORGE THOMAS				2. DATE OF DEATH 5-23-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL LIFETIME Yrs. Mos. Days				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 27-34	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3607 GIBBONS AVE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-11-1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARGO-SUPERVISOR			10B. KIND OF BUSINESS OR INDUSTRY NORTON-LILLY SSCO		11. BIRTHPLACE (State or foreign country) HARFORD CO. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME T.A. BRADLEY		
14. MOTHER'S MAIDEN NAME BESSIE SYLVESTER MAC ATEE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. 212-03-575			17. INFORMANT WIFE ADDRESS MRS. G. BRADLEY 3607 GIBBONS AVE		
18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia, Ascites DUE TO accompanying old Portal Hypertension. Liver failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 4 days op Sub total Extensive Resection for Bleeding duodenal ulcer II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19A. DATE OF OPERATION May 19 1953		19B. MAJOR FINDINGS OF OPERATION Bleeding Duodenal Ulcer		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 19 , 1953, to May 23 , 1953, that I last saw the deceased alive on May 23 , 1953 and that death occurred at 1 PM , from the causes and on the date stated above.					
23A. SIGNATURE Donald G. Hamberry		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED May 23 1953	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL		24B. DATE 5-26-1953		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) (State) BALTO. MD		24E. REGISTRAR'S SIGNATURE Donald G. Hamberry		24F. FUNERAL DIRECTOR Walter Berlin	
24G. ADDRESS 2343 HARFORD RD		24H. VS 150 Huntington Williams, M.D. 29055			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-534		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 4899	
NJ 169206		BIRTH NO. 53 4899		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)			Marie Mentlik		
2. DATE OF DEATH			5-23-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02		
c. Length of stay in Baltimore 63 yrs.			D. STREET ADDRESS (If rural, give location) 433 North Montford Avenue #24		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-28-1866	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chez.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Anthone Heinz (dec.)			14. MOTHER'S MAIDEN NAME L olaise ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. --	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (recOrds)		
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)			CAUSE OF DEATH Carcinoma of Sigmoid Colon with Metastasis		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT					
19A. DATE OF OPERATION 4-2-53 4-28-53		19B. OPERATION FOR WHICH OPERATION WAS PERFORMED Exploratory Laparotomy		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-2-1953 to 5-23-1953, that I last saw the deceased alive on 5-23-1953, and that death occurred at 2:05 P.m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. ...		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-23-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 26, 1953		24C. NAME OF CEMETERY OR CREMATORY Oak Hill	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR May 25 1953		24F. REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR [Signature]		25. ADDRESS 111-113 ch Funeral Home 2008 Orleans St			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53-4900**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Oyeman, Katherine Marie

2. DATE
OF
DEATH

May 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1101 Montana Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 4, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Fricke

14. MOTHER'S MAIDEN NAME

Katherine Eitel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. T. Howard Jackson 6200 Brook Ave.

18. **171X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 15, 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the cervix

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953 to May 23, 1953, that I last saw the
deceased alive on May 23, 1953, and that death occurred at 11:30 am, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Corra

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

May 23, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

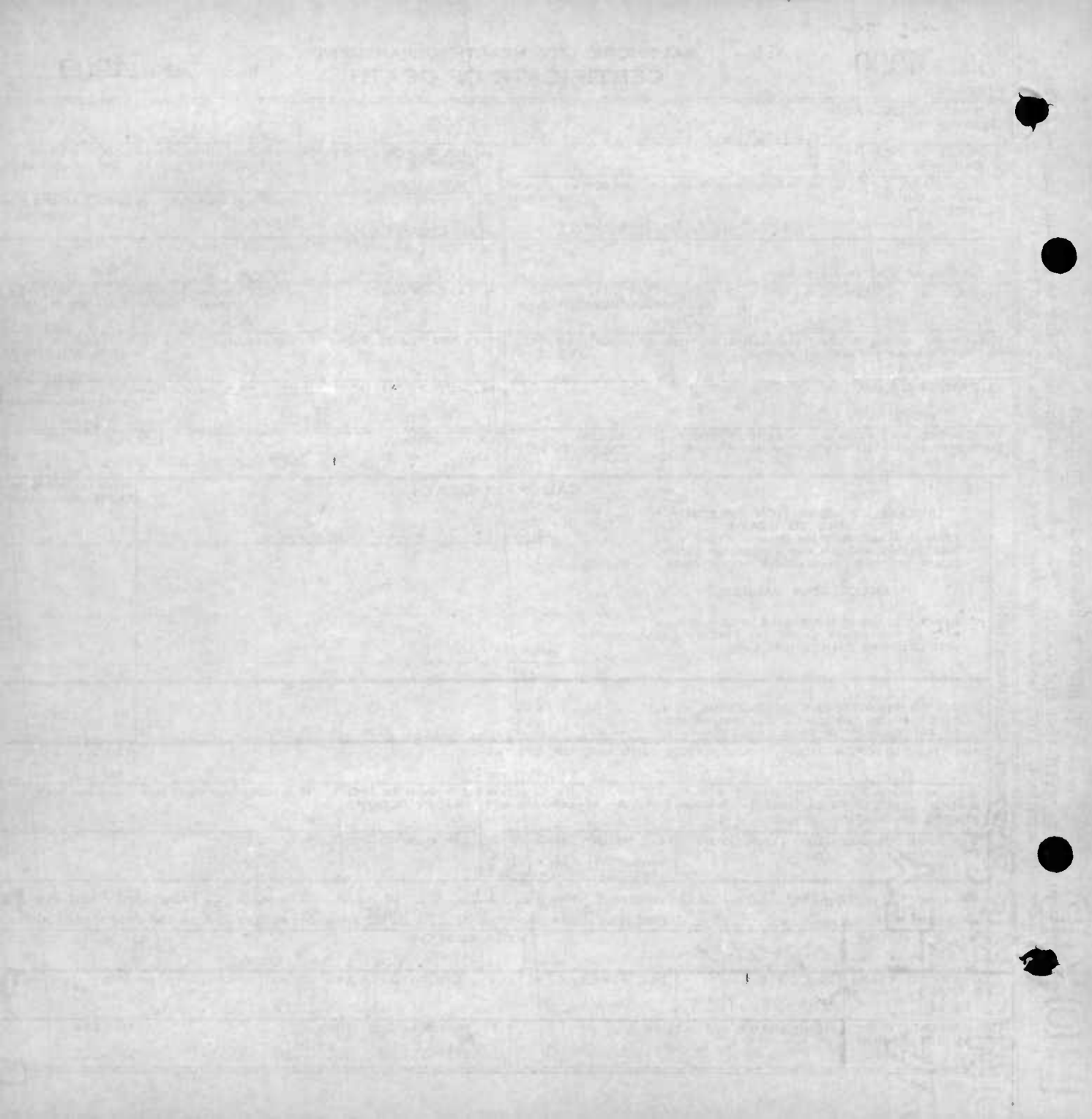
REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

ADDRESS

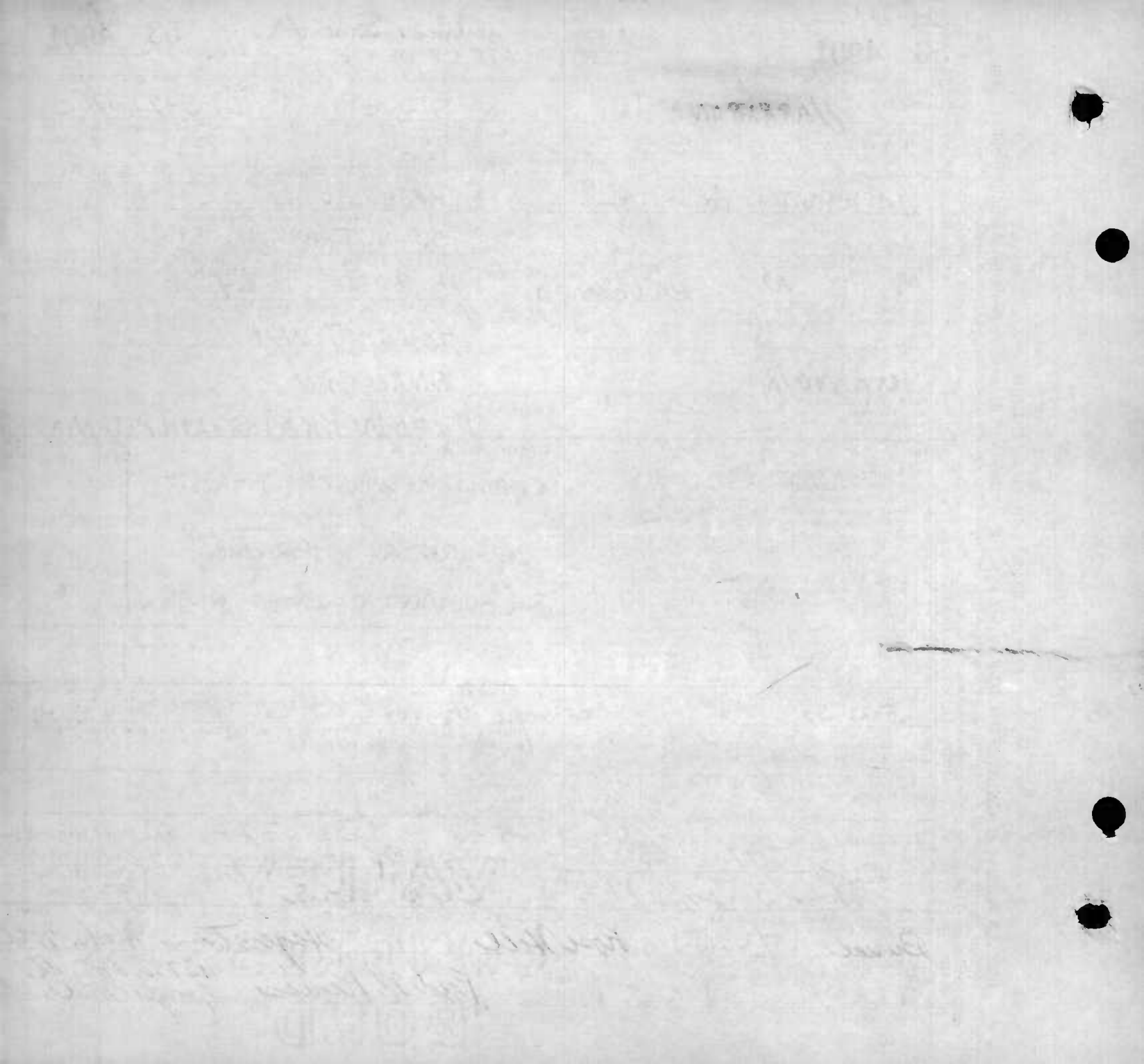
Ulrich Funeral Home 2008 Orleans St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4901		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4901 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) HARRISON W. STOUER		2. DATE OF DEATH 5-22-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Washington			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HAGERSTOWN 7103			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 70 W. FRANKLIN ST.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-9-88	9. AGE (In years last birthday) 64	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HAGERSTOWN	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS FRED W. KRAISS, 139 N. POTOMAC ST.	
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) CARDIO-RESPIRATORY ARREST DUE TO (B) EXPLORATORY THORACOTOMY DUE TO (C) FAR ADVANCED CARCINOMA RT. LUNG		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-22-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA RT. LUNG		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-6 , 19 53 , to 5-22 , 19 53 , that I last saw the deceased alive on 5-22 , 19 53 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE John W. Loeber		23B. ADDRESS Univ. Hospital		23C. DATE SIGNED 5-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/26/53		24C. NAME OF CEMETERY OR CREMATORY Rose Hill	
24D. LOCATION (City, town, or county) (State) Hagerstown Wash. Md.		25. FUNERAL DIRECTOR Fred W. Kraiss		ADDRESS 139 N. Pot. St. Hager. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953					



8-530
53 4902BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4902
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marlin E. Smith

2. DATE
OF
DEATH

May 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1113 N. Augusta Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1113 N. Augusta Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Dnys

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1/23/1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steam fitter

10B. KIND OF BUSINESS OR
INDUSTRY

HE Krook

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ira V. Smith

14. MOTHER'S MAIDEN NAME

Blanche W. Pergory

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.
215.12.9716

17. INFORMANT

ADDRESS

Pauline M. Smith 1113 N. Augusta Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1952, to May 23, 1953, that I last saw the
deceased alive on May 23, 1953, and that death occurred at 9:15 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John H. Stansbury 2700 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4903BIRTH NO. 53 49031. NAME OF DECEASED
(Type or Print)MADEL SOPHIA LUEBECK2. DATE
OF
DEATHMAY 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONMARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

HOSPITAL FOR WOMEN OF MARYLANDBALTIMORE

C. Length of stay in Baltimore

30

Yrs.

Mons.

Days

D. STREET ADDRESS (If rural, give location)

3609 EVERSLEY ST 16-08

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

H Under 1 Year

H Under 24 Hours

FEMALE WHITEMARRIEDMARCH 8, 19035010A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?HOUSEWIFEOwn HomeQUEEN ANNE, MARYLANDU. S.

13. FATHER'S NAME

GEORGE H. EATON

14. MOTHER'S MAIDEN NAME

MARY E. BROWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NoHOSPITAL RECORDS Hosp for Women of Md.18. 214X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hemorrhagic broncho pneumonia9 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Thrombo cyto penia
(C) Aplastic anemia4 days
unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐MAY 12, 1953MYOMATA UTERI21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from MAY 11, 1953, to MAY 21, 1953, that I last saw the
deceased alive on MAY 21, 1953, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Albert H. Dudley, M. D.HOSPITAL for Women of Md.MAY 21, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialMay 25/53London PkBalto. 29. IndDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1953May 25 1953Harry F. Vitzke, 4101 Edmondson

1903

22

1903

MAY 1 1903

WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

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WINDY DAY - CLEAR

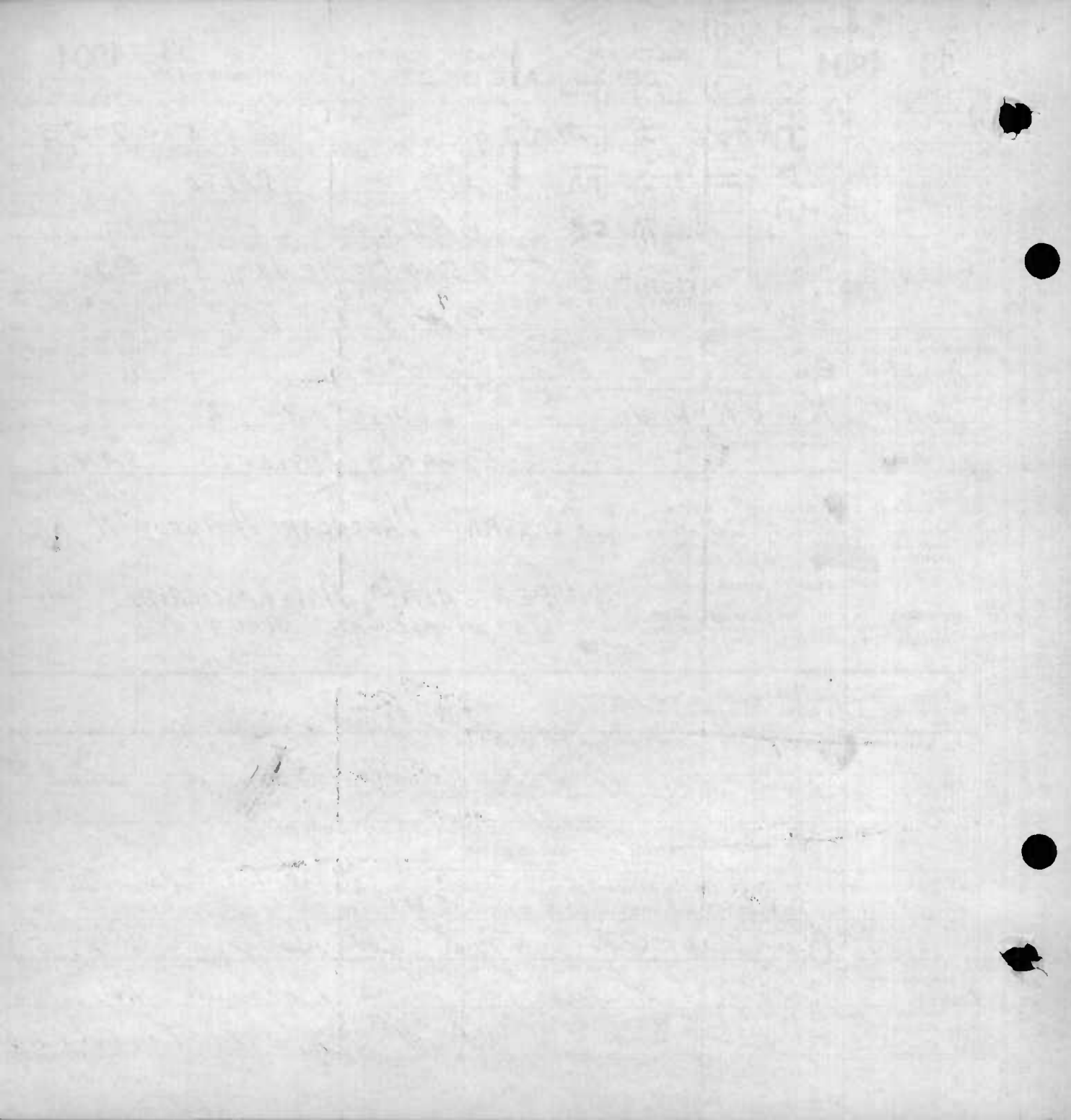
WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

WINDY DAY - CLEAR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4904 Registered No.	
BIRTH NO. 53 4904				2. DATE OF DEATH 5-23-53	
1. NAME OF DECEASED (Type or Print) GRACE I. MAISEL				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland				A. STATE M.D. B. COUNTY BALTO.	
B. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
48 M.D. GEN. HOSP.				BALTO. 2004	
c. Length of stay in Baltimore 69 Yrs. Days				D. STREET ADDRESS (If rural, give location)	
5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M				8. DATE OF BIRTH 9-15-83 9. AGE (in years last birthday) 69	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				11. BIRTHPLACE (State or foreign country) M.D.	
10B. KIND OF BUSINESS OR INDUSTRY -				12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME JOHN R. BROWN				14. MOTHER'S MAIDEN NAME LOUISE -?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO				16. SOCIAL SECURITY NO.	
17. INFORMANT				ADDRESS	
EDWARD MAISEL				SAME	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				INTERVAL BETWEEN ONSET AND DEATH	
(A) CAUSE OF DEATH CEREBRAL VASCULAR ACCIDENT 11 HRS.					
DUE TO					
(B) ANTECEDENT CAUSES HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE					
DUE TO					
(C) OBESITY					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-23, 1953 to 5-23, 1953, that I last saw the deceased alive on 5-23, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE J. Duckworth				23B. ADDRESS M.D. Gen. Hosp.	
23C. DATE SIGNED 5-23-53					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE May 27/53		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) Baltimore Md		24E. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE Huntington Williams M.D.		4101 Edmondson Ave	



W-452
53 4905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4905

BIRTH NO. 53 4905		MC-CREADY	
1. NAME OF DECEASED (Type or Print) MARY W. CREADY		2. DATE OF DEATH 5/25/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 834 N. Carey St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-02	
c. Length of stay in Baltimore 45 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 834 N. Carey St.	
5. SEX F	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR 7 1922
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years, last birthday) 61
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME ASHON CORNISH		14. MOTHER'S MAIDEN NAME SOPHIE WILSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS E. G. B. Morrow - 5230 61st Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION 1 WA		INTERVAL BETWEEN ONSET AND DEATH 3 YR.	
ANTECEDENT CAUSES		(A) DUE TO HYPERTENSION	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO CARDIO-RENAL DIS.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY [Signature]	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21C. WHERE DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 300, to 19, that I last saw the deceased alive on 19, and that death occurred at 1 PM, from the causes and on the date stated above.	
23A. SIGNATURE [Signature]		23B. ADDRESS 1115 N. CAROLINE ST.	
23C. DATE SIGNED 5/25/53		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 5-26-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) A. A. Co. Md.		25. FUNERAL DIRECTOR [Signature]	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE [Signature]	
FUNERAL DIRECTOR ADDRESS		7208A 1011 N. Arlington Ave	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4906**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Fisher, Mr. Calvin**2. DATE
OF
DEATH**5/22/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**Church Home & Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore 6-02**

D. STREET ADDRESS (If rural, give location)

222 North Port Street

c. Length of stay in Baltimore

50 yrs

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

1/6/1903 50 yrs9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Machinest Helper**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Robert Fisher

14. MOTHER'S MAIDEN NAME

Bessie Swift15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

332x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

**Subdural Empyema,
Right**INTERVAL BETWEEN
ONSET AND DEATH**30 days**

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/26/53

19B. MAJOR FINDINGS OF OPERATION

Release of pus from subdural space - Right

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/26** 19**53** to **5/22**, 19**53** that I last saw the
deceased alive on **5/22**, 19**53**, and that death occurred at **8:40** A.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Reed Carroll

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

5/22/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

May 20-53

24C. NAME OF CEMETERY OR CREMATORY

Magath's Church Cem.

24D. LOCATION (City, town, or county)

Anna Rundle Co.

(State)

 Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

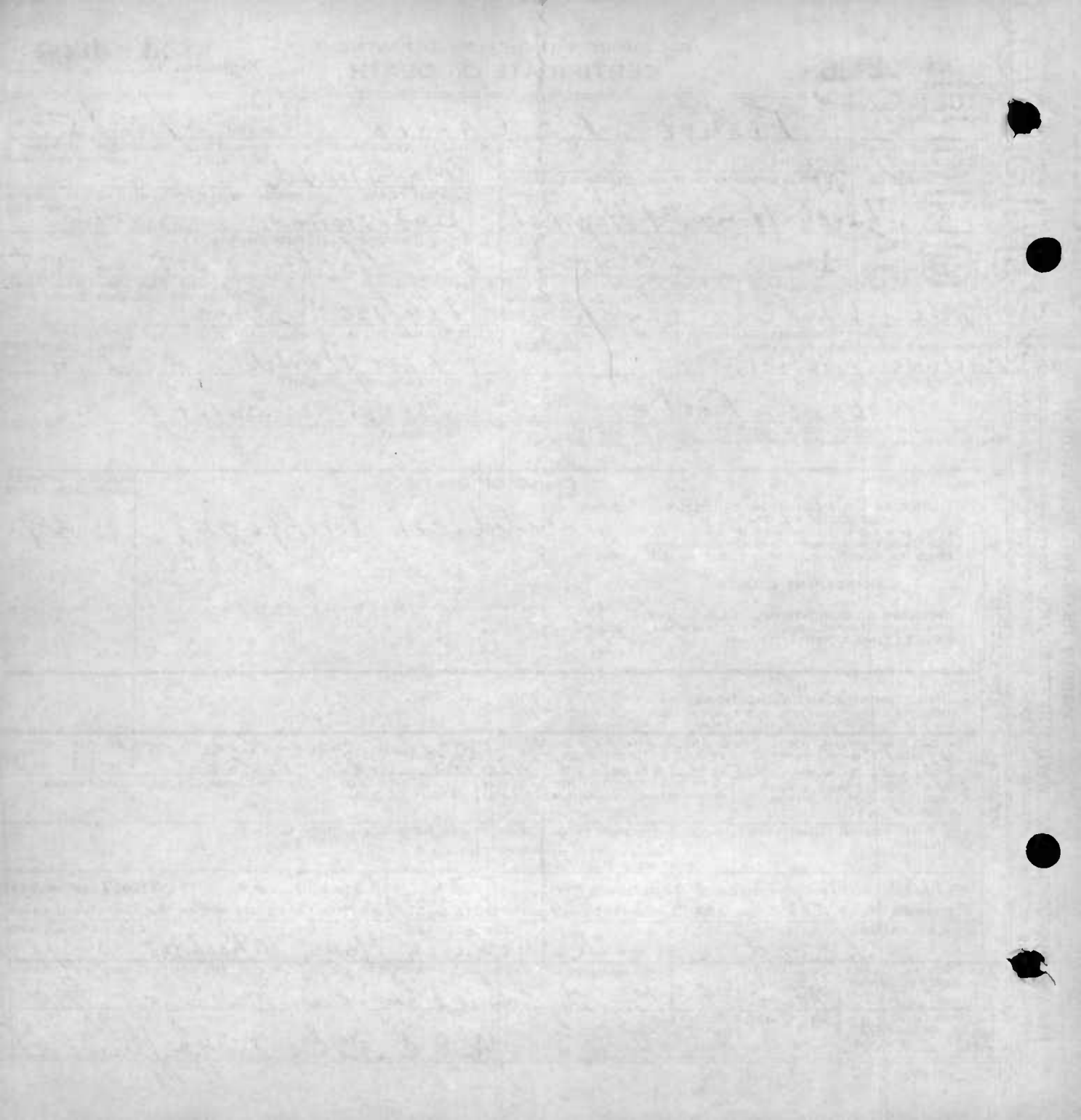
1953

25. FUNERAL DIRECTOR

John E. Miller

ADDRESS

2334 Jefferson St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

B-200

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

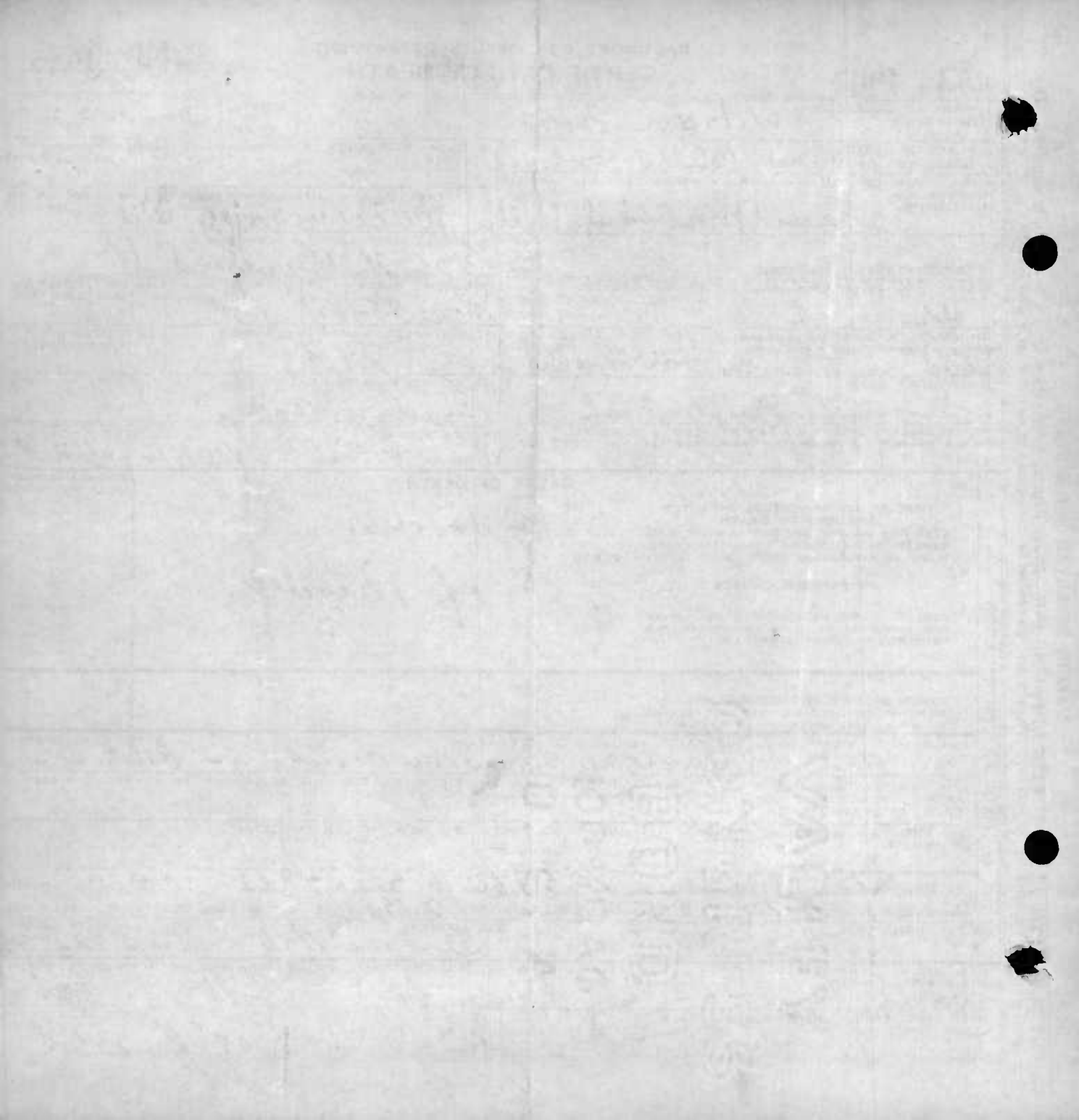
Registered No. 53 4907

BIRTH NO. 53 4907

1. NAME OF DECEASED (Type or Print) Wilson Bish		2. DATE OF DEATH 5-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE — B. COUNTY —	
5. FULL NAME OF HOSPITAL OR INSTITUTION Secur Hospital of Balto		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 5, Md	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 406 N. Bradford St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Mar. 25-1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance Man		10B. KIND OF BUSINESS OR INDUSTRY Baker	9. AGE (in years last birthday) 75
13. FATHER'S NAME Simon Peter Daniel Bish		12. CITIZEN OF WHAT COUNTRY? Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Angeline Meyer	
16. SOCIAL SECURITY NO.		17. INFORMANT Roma M. Bish	
		ADDRESS 406 N. Bradford St.	

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis.		CAUSE OF DEATH Peritonitis.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Occ of 1st stroke.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 5-19-53		19B. MAJOR FINDINGS OF OPERATION UACETEMO sigmoido dectomies Right		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-18-53 , to 5-22 , 19 53 that I last saw the deceased alive on 5-22 , 19 53 and that death occurred at 5-15 from the causes and on the date stated above.					
23A. SIGNATURE Frederick		23B. ADDRESS Secur Hosp.		23C. DATE SIGNED 5-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 26-53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cmn.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR John H. Miller		24F. ADDRESS 2334 Jefferson St	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE Huntington			



CERTIFICATE CORRECTED 5-27-53

53 4908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53 4908

1. NAME OF DECEASED
(Type or Print)

FRANK Linhart

2. DATE
OF
DEATH

May 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

632 N. Milton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

7-02

D. STREET ADDRESS (If rural, give location)

632 N. Milton Ave.

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. MARRIAGE STATUS
WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH

Feb. 11, 1867

9. AGE (in years last birthday)

85-86

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Harness Maker

11. BIRTHPLACE (State or foreign country)

Caslav, Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

214-03-9888

17. INFORMANT

ADDRESS

Mrs. Barbara Kruck 632 N. Milton Ave.

18.

442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/53, to 5/24/53, that I last saw the deceased alive on 5/23/53, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

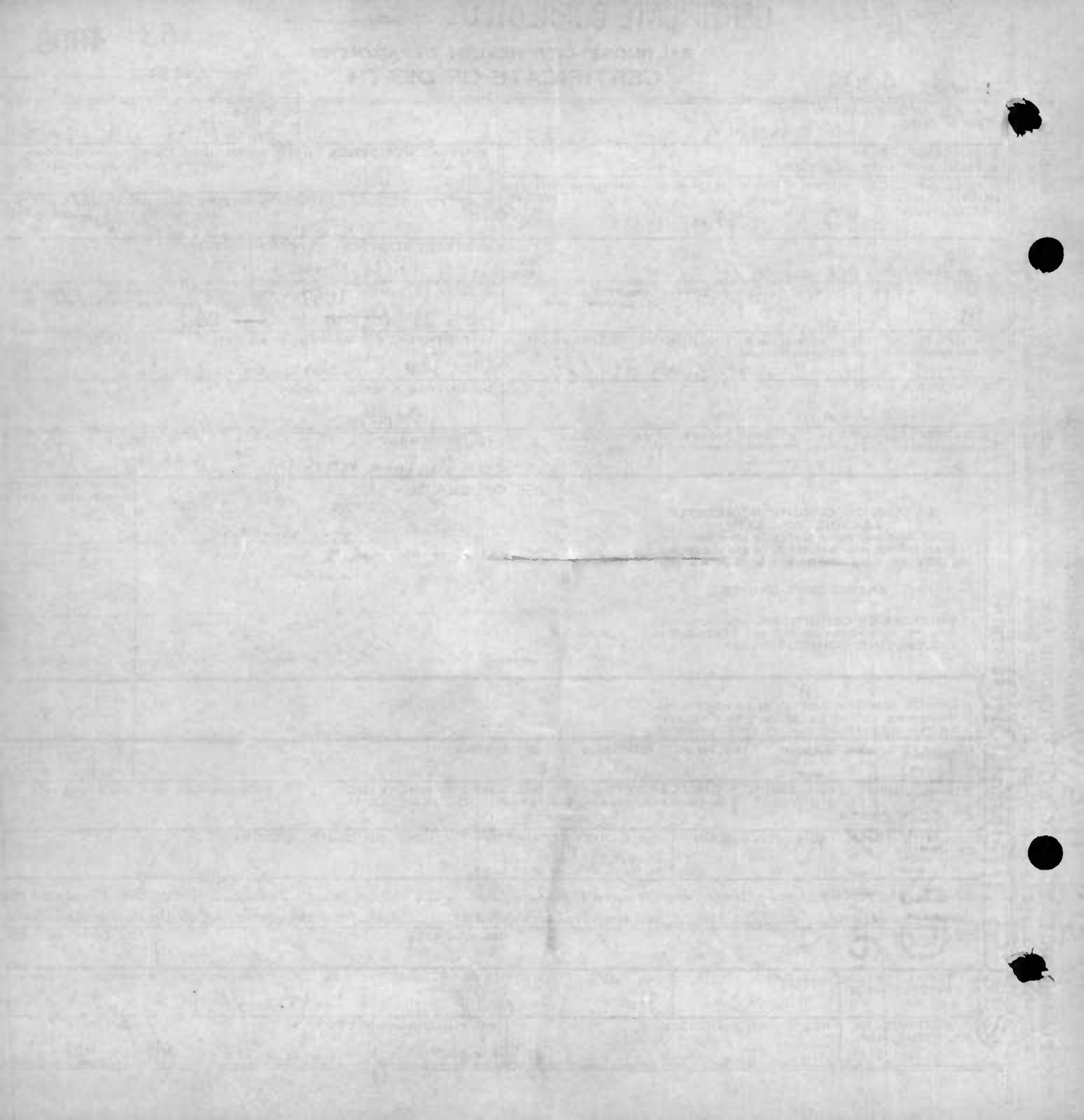
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4909**

53 4909
BIRTH NO.

1. NAME OF DECEASED (Type or Print) RAMOK, MRS. JENNIE			2. DATE OF DEATH 5/22/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1705 Aliceanna St.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital			E. COUNTY 2-03		
C. Length of stay in Baltimore 10 Yrs. 10 Mos. 10 Days			8. DATE OF BIRTH April 4, 1912		
5. SEX F	6. COLOR OR RACE R	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	9. AGE (In years last birthday) 41		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Jersey
13. FATHER'S NAME Joseph Stabianski			14. MOTHER'S MAIDEN NAME Helen		12. CITIZEN OF WHAT COUNTRY? U.S.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO. 218-18-9292		17. INFORMANT Church Home & Hospital
18. 416 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		

18. 416 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Rheumatic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH None known
ANTECEDENT CAUSES			(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CUE TO			
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Chronic glomerulonephritis			
19A. DATE OF OPERATION —		19B. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5/14 , 19 53 , to 5/22 , 19 53 , that I last saw the deceased alive on 5/22 , 19 53 , and that death occurred at 10:25 A. m., from the causes and on the date stated above.						
23A. SIGNATURE David F. Larson		23B. ADDRESS Church Home & Hospital		23C. DATE SIGNED 5/22/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/26/53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus		
24D. LOCATION (City, State) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24F. LOCATION (City, State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE H. H. Williams, M.D.		25. FUNERAL DIRECTOR SADOWSKI & SONS, 1808 EASTERN AVENUE		
25. FUNERAL DIRECTOR Charles D. Sadowski		ADDRESS 1808 EASTERN AVENUE				

0001

1945-1946

0001

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4910**

BIRTH NO. **53 4910**

1. NAME OF DECEASED
(Type or Print) **James Horsey**

2. DATE OF DEATH **5-29-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or location)
Franklin Sq. Hosp
C. Length of stay in Baltimore
Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) **Balto.**
D. STREET ADDRESS (If rural, give location) **1816 Lorman St.**

5. SEX **M**
6. COLOR OR RACE **C**
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **S**

8. DATE OF BIRTH **12/8/25**
9. AGE (in years last birthday) **27**
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none**
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Balto. Md.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Albert Horsey**
14. MOTHER'S MAIDEN NAME **Janie Smith**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **yes**
16. SOCIAL SECURITY NO. **WW#2**
17. INFORMANT **Cora Sinkler**
ADDRESS **1816 Lorman St.**

18. 443X
CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hypertensive Cardiovascular
DUE TO
(B) Disease
DUE TO
(C)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(II)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?
YES ☒ **NO** ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED
WHILE AT ☐ **NOT WHILE** ☐
WORK ☐ **AT WORK** ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** **thereon and from**
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒ **accident** ☐ **suicide** ☐ **homicide** ☐ **undetermined** ☐

23A. SIGNATURE **William B. Smith**
M.D.
23B. CHIEF MEDICAL EXAMINER ☐ **23C. DATE SIGNED** **5-29-53**
ASSISTANT MEDICAL EXAMINER ☒ **MEDICAL INVESTIGATOR**

24A. BURIAL, CREMATION OR OTHER (Specify) **Burial**
24B. DATE **5/27/53**
24C. NAME OF CEMETERY OR CREMATORY **Balto. Nat.**
24D. LOCATION (City, town, or county) **Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 25 1953**
REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**
25. FUNERAL DIRECTOR **Geo. G. Nelson**
ADDRESS **1303 Crossman St.**

V'S 151

1901

STATE OF NEW YORK

1901

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONER

OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED MAY 1, 1899

ALBANY:

1901

W. H. BROWN

PRINTED

1901

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4911

53 4911
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

JOAN MARIE Monks

2. DATE OF DEATH
MAY 23 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 600.0 and 239X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

17 mo. or more

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Adenocarcinoma, history of

10 yr.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19-1953 to 5-23-1953 that I last saw the deceased alive on 5-23-1953 and that death occurred at 5-16 PM, from the causes and on the date stated above.

22A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

MAY 25 1953 VS 150

Burial

May 26, 1953

Moreland Memorial

Parkville, Balto. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

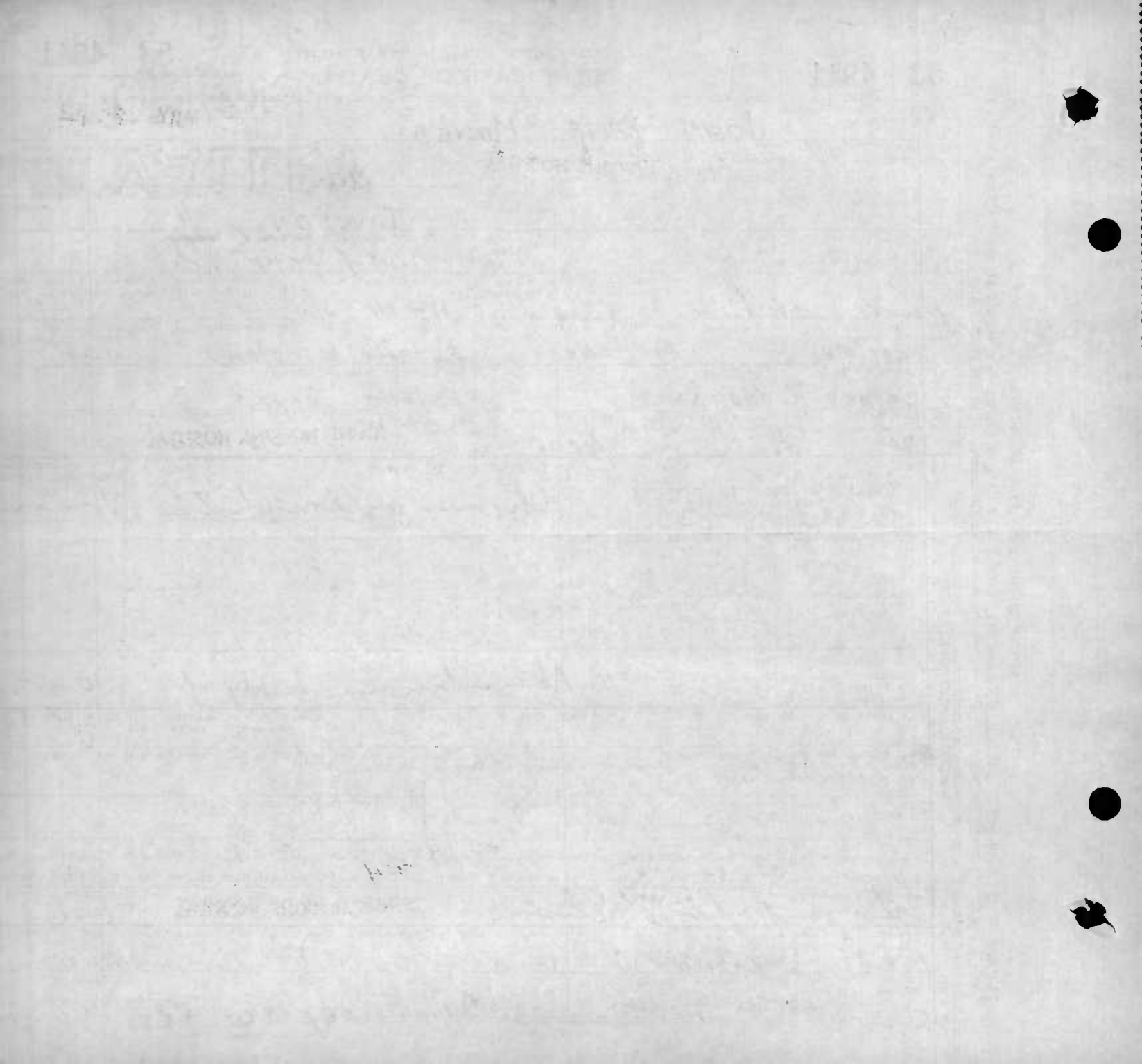
25. FUNERAL DIRECTOR ADDRESS

MAY 25 1953

Huntington Williams, Jr.

John Burns Sons,

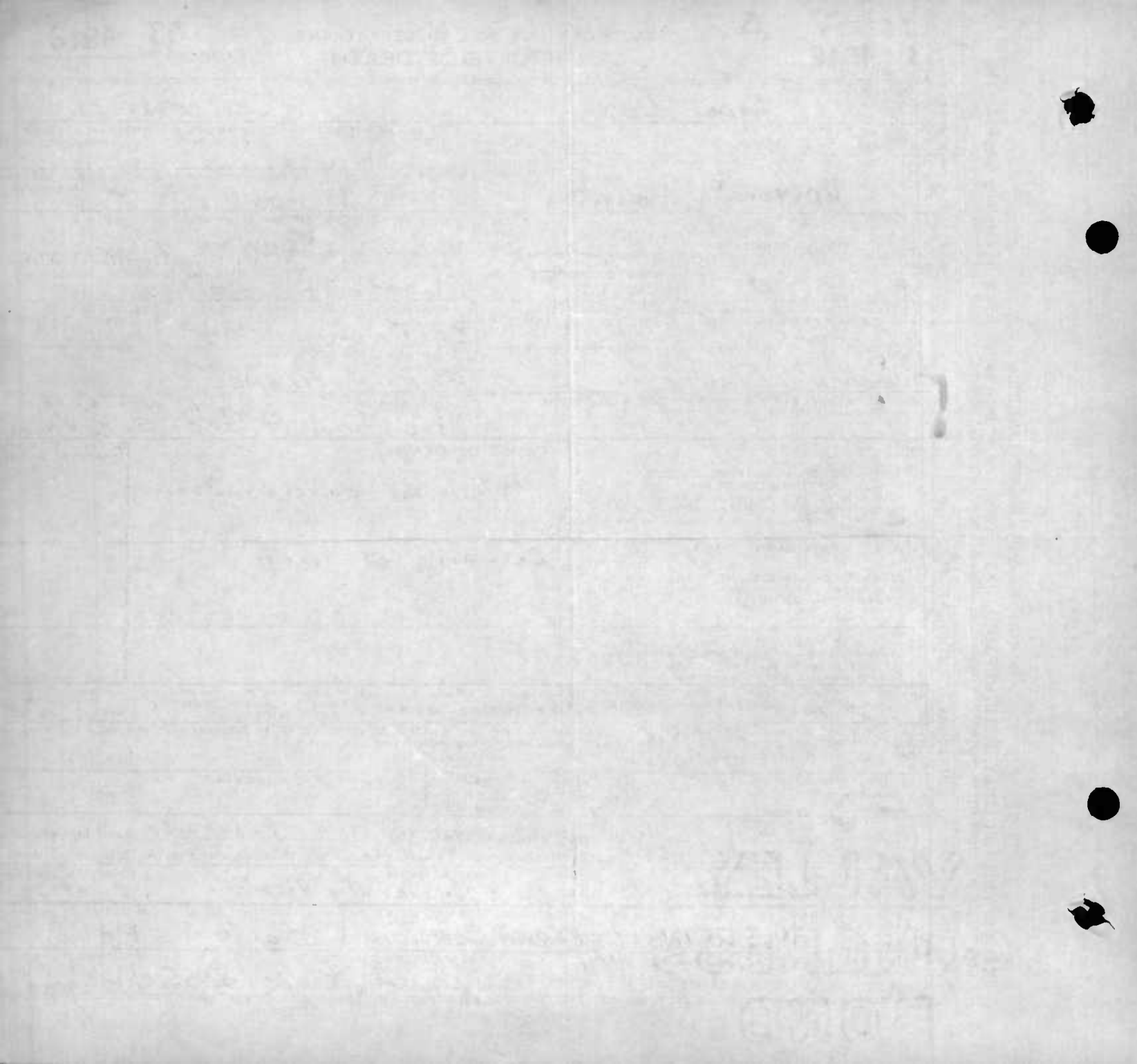
Towson, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4912	
CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print) Agnes Cole			2. DATE OF DEATH 5-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 609 S. Kenwood Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH July 14-1894	9. AGE (In years last birthday) 58	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTIMORE - Md.	
13. FATHER'S NAME Stephen GRAFF			14. MOTHER'S MAIDEN NAME ANNA HIMMEL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss ALMA A. Cole - S. Kenwood	
18. 175X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Abdominal carcinomatosis DUE TO ANTECEDENT CAUSES (B) Carcinoma of ovaries DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH ?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-7-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Abdominal mass		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21 , 19 53 , to 5-24 , 19 53 , that I last saw the deceased alive on 5-24 , 19 53 , and that death occurred at 12:35 pm. , from the causes and on the date stated above.					
23A. SIGNATURE G. Ramsey		23B. ADDRESS University Hospital		23C. DATE SIGNED 5-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 28-1953		24C. NAME OF CEMETERY OR CREMATORY OAKLAWN Cemetery	
24D. LOCATION (City, town, or county) (State) BALTO Md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, Mr. Leonard J. Ruck 5305 Harford			
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953					



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-160		BALTIMORE CITY HEALTH DEPARTMENT		53 4913	
53 4913		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ANNA G. SCHAEFER		May 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		A. STATE Maryland			
3300 Batavia Avenue		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3300 Batavia Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
female	white	married	Nov 4, 1873	79	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Simon Meisenhalter		14. MOTHER'S MAIDEN NAME Pauline Mattes		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Charles C. Schaefer, 3300 Batavia Ave.	
18. 443X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Generalized Advanced Arteriosclerosis (Cerebral changes) 10 years			
ANTECEDENT CAUSES		(B) Hypertensive Cardio-Vascular Disease 20 years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946, to May, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 10A. m., from the causes and on the date stated above.					
23A. SIGNATURE Thomas J. Brennan		23B. ADDRESS 5217 Harford Road		23C. DATE SIGNED 5-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 26, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road #14		25. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. ADDRESS	
VS 150					

Dr. Brennan
5217 Harford Road.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4914

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Minnis Jr.

2. DATE
OF
DEATH

May 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

39 President Hosp.

C. Length of stay in Baltimore

25 years.

5. SEX

m

6. COLOR OR RACE

e

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

w

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md

C. CITY OR TOWN

Balto

O. STREET ADDRESS (If rural, give location)

550 Presstman st

8. DATE OF BIRTH

Nov 16 1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Minnis sr.

14. MOTHER'S MAIDEN NAME

Julia Auston

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

214-09-9996

17. INFORMANT

Jeanette Funches

ADDRESS

866 Brooklyn Sterling PL. n. y.

18. 502.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Bronchitis & Emphysema

DUE TO

Asthma

(C)

INTERVAL BETWEEN ONSET AND DEATH

Sudden

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953, to May 22, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Julian

M. O.

23B. ADDRESS

5117, Schenck St.

23C. DATE SIGNED

May 25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

May 25, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county) (State)

md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Angela V. Nelson

ADDRESS

1303 Presstman st

511

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF DEATH

5. PLACE OF DEATH

6. CAUSE OF DEATH

7. MANNER OF DEATH

8. SIGNATURE OF REGISTRAR

9. SIGNATURE OF PHYSICIAN

10. SIGNATURE OF CORONER

11. SIGNATURE OF JURY

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF INTERVIEWER

17. SIGNATURE OF INTERVIEWER

18. SIGNATURE OF INTERVIEWER

19. SIGNATURE OF INTERVIEWER

20. SIGNATURE OF INTERVIEWER

21. SIGNATURE OF INTERVIEWER

22. SIGNATURE OF INTERVIEWER

23. SIGNATURE OF INTERVIEWER

24. SIGNATURE OF INTERVIEWER

25. SIGNATURE OF INTERVIEWER

26. SIGNATURE OF INTERVIEWER

27. SIGNATURE OF INTERVIEWER

28. SIGNATURE OF INTERVIEWER

29. SIGNATURE OF INTERVIEWER

30. SIGNATURE OF INTERVIEWER

31. SIGNATURE OF INTERVIEWER

32. SIGNATURE OF INTERVIEWER

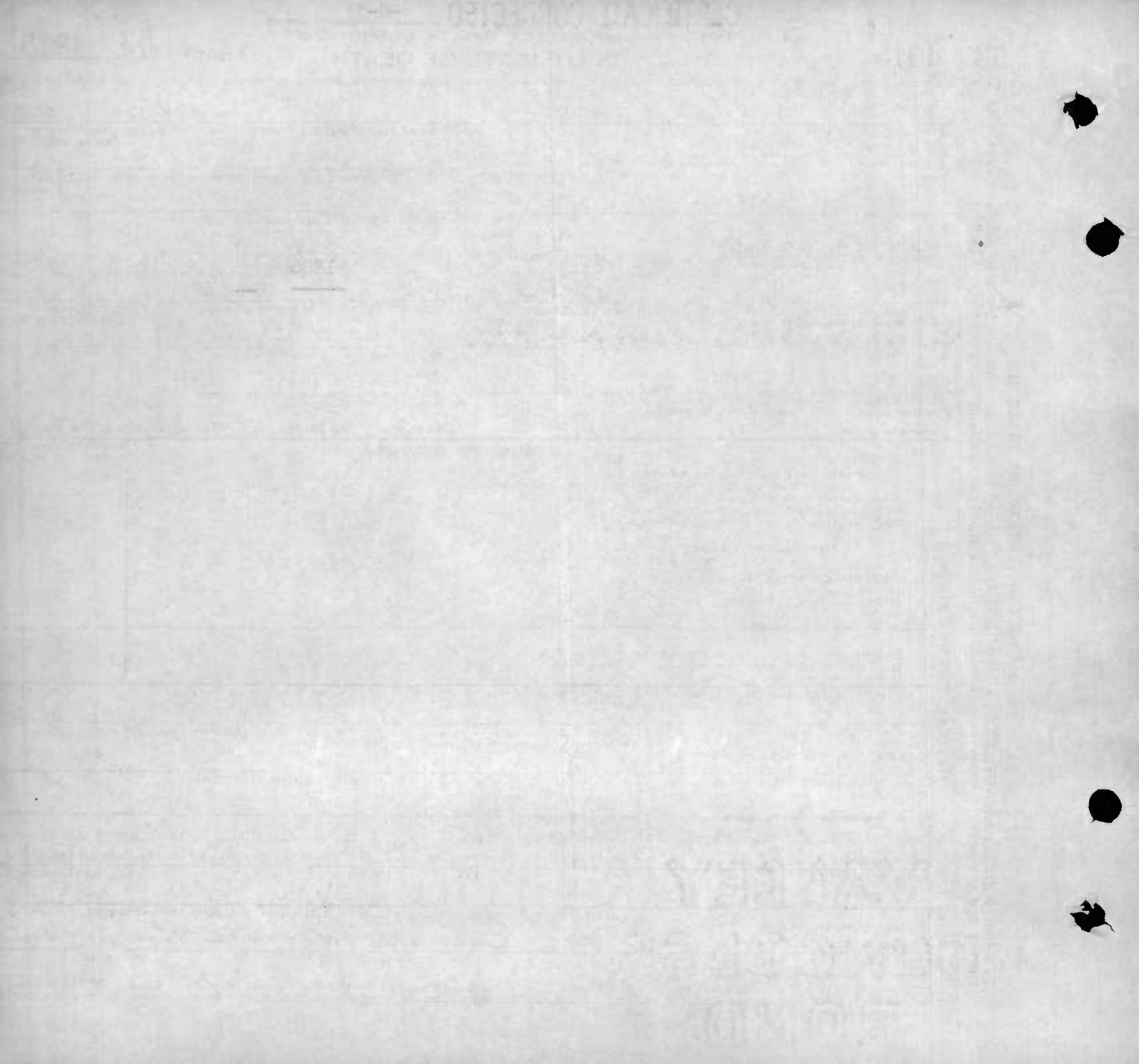
33. SIGNATURE OF INTERVIEWER

34. SIGNATURE OF INTERVIEWER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-420				6-8-53		53 4915	
BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT			
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
MYLES, THOMAS J				MAY 25, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE			
38 UNIVERSITY HOSPITAL				N.J.			
C. Length of stay in Baltimore				B. COUNTY			
Yrs. Mos. Days				V-27			
5. SEX				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
M				NEPTUNE			
6. COLOR OR RACE				D. STREET ADDRESS (If rural, give location)			
W				1305 CORLIES AVE			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				8. DATE OF BIRTH			
ANNA				1886			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				9. AGE (In years last birthday)			
COSTODIAN - RETIRED				67			
10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)			
AGBURY PARK HIGH SCHOOL				NEW YORK			
13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY?			
ROBERT MYLES				✓			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)				14. MOTHER'S MAIDEN NAME			
UNKNOWN				CATHERINE GILLECE			
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS			
E				Buckley Funeral Home, Agbury Pl. Rd.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
490X				HOBAR PNEUMONIA			
ANTECEDENT CAUSES				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				ACUTE NEURONIOS, ? ETIO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			
0				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/23 1953 to 5/25 1953, that I last saw the deceased alive on 5/25 1953 and that death occurred at 2300 m., from the causes and on the date stated above.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
23A. SIGNATURE				23B. ADDRESS			
J. J. Smith, Jr.				Univ. Hospital, Balto			
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE			
REMOVAL				MAY 25, 1953			
24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)			
MT. CALVARY				NEPTUNE TOWNSHIP, N.J.			
25. FUNERAL DIRECTOR ADDRESS				23C. DATE SIGNED			
Huntington Williams, M. Williams Cook & Co. 1217 ST. PAUL ST				5/25			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4916

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET VOLKMAN (MRS. FREDERICK CHAS)

2. DATE
OF DEATH

MAY 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TOWSON 4 5355

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

405 AIGBURTH ROAD

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB. 2, 1890

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOHN BAUER

14. MOTHER'S MAIDEN NAME

DOROTHEA KATHEDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. FREDERICK C. VOLKMAN

18. 175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) metastatic carcinoma of omentum
and liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) carcinoma of ovary

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) thrombophlebitis - left leg

19A. DATE OF OPERATION

MAY 16, 1953

19B. MAJOR FINDINGS OF OPERATION

METASTATIC CA OF LIVER & OMENTUM

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 14, 1953, to MAY 24, 1953, that I last saw the
deceased alive on MAY 24, 1953, and that death occurred at 11:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Jyle D. Vincent

23B. ADDRESS

Union Mem. Hosp., May 25, 1953

23C. DATE SIGNED

May 25, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/28/53

24C. NAME OF CEMETERY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

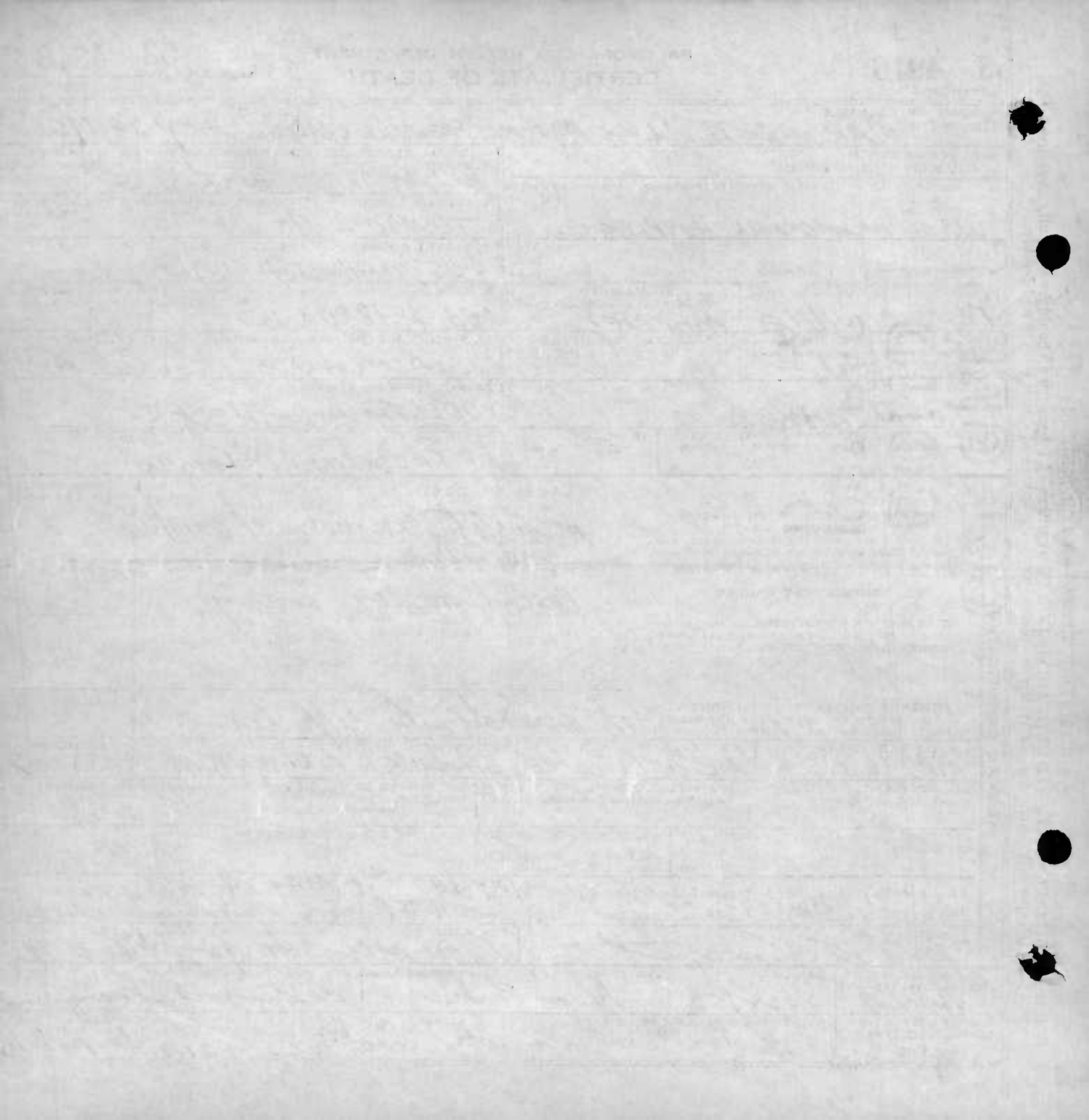
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 So. Paul St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct answers are especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4917**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Robert Chambers

 2. DATE
OF
DEATH

5-24-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY

before admission)

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1503 Lamont Ave.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1503 Lamont Ave.

E. Length of stay in Baltimore

40 yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Male Colored
Married
3-20-1883
65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Porter
Hopkins Hospital
Brutswick Co. Va.
U.S.A

13. FATHER'S NAME

Wesley Chambers

14. MOTHER'S MAIDEN NAME

Sarah Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No
Nellie Thomas 1206 N. Bond St.

 18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage
11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from **May 13, 1953** to **May 24, 1953**, that I last saw the deceased alive on **May 24, 1953** and that death occurred at **7:15 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. R. Adams
1222 N. Caroline
5-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
5-27-1953
Mt. Calvary Cem.
Anne Arundle Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 25 1953
Huntington Williams, M.D.
Randolph J. Collick 1412 E. Preston St.

7101

THE ATTORNEYS AT LAW

1000 P STREET, N.W.

WASHINGTON, D.C.

2000 P STREET, N.W.

WASHINGTON, D.C.

2000 P STREET, N.W.

WASHINGTON, D.C.

2000 P STREET, N.W.

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2000 P STREET, N.W.

WASHINGTON, D.C.

2000 P STREET, N.W.

WASHINGTON, D.C.

2000 P STREET, N.W.

WASHINGTON, D.C.

2000 P STREET, N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4918

BIRTH NO. 4918

1. NAME OF DECEASED (Type or Print) OLIVIA Coulter DAWSON			2. DATE OF DEATH May 23 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 218 Ridgewood Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 218 Ridgewood Road		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec 23 1861?	9. AGE (In years last birthday) 91?	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME James M. Mifflin Coulter		
14. MOTHER'S MAIDEN NAME Johanna Douglas			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. -			17. INFORMANT ADDRESS Mrs. Elagett Bowie 239 Ridge Av. Towson		
18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis generalized arterio-sclerosis gangrene of the feet			CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED -		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 15 , 1951, to May 23 , 1953 that I last saw the deceased alive on May 22 1953 , and that death occurred at 5.45 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Ernest S. Cron		23B. ADDRESS 1035 N. Calvert St. Balto.		23C. DATE SIGNED May 23 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 26 1953		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Balto. Md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 4905 York Rd			
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1953		REGISTRAR'S SIGNATURE Huntington Williams			

1905 25

1905 25

1905 25

1905 25

1905 25

1905 25

1905 25

1905 25

1905 25

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4919**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MATTIE A. GLENN**2. DATE
OF
DEATH**5-24-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Provident Hosp.**B. FULL NAME OF
HOSPITAL OR
INSTITUTION **Provident Hospital**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

2715 Booker St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

3-18-18909. AGE (In years;
last birthday)**63 yr**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**None**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Winnsboro S.C.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Gill

14. MOTHER'S MAIDEN NAME

Mary Lewis15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **162X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Bronchogenic carcinoma left**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arthritis rheumatoid**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/12/53**, 19**53**, to **5/24/53**, 19**53**, that I last saw the
deceased alive on **5/24/53**, 19**53**, and that death occurred at **9:20** p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ignacio T. Garcia

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

5/25/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5-28-53

24C. NAME OF CEMETERY OR CREMATORY

Shilo Cemetery

24D. LOCATION (City, town, or county)

Winnsboro, S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

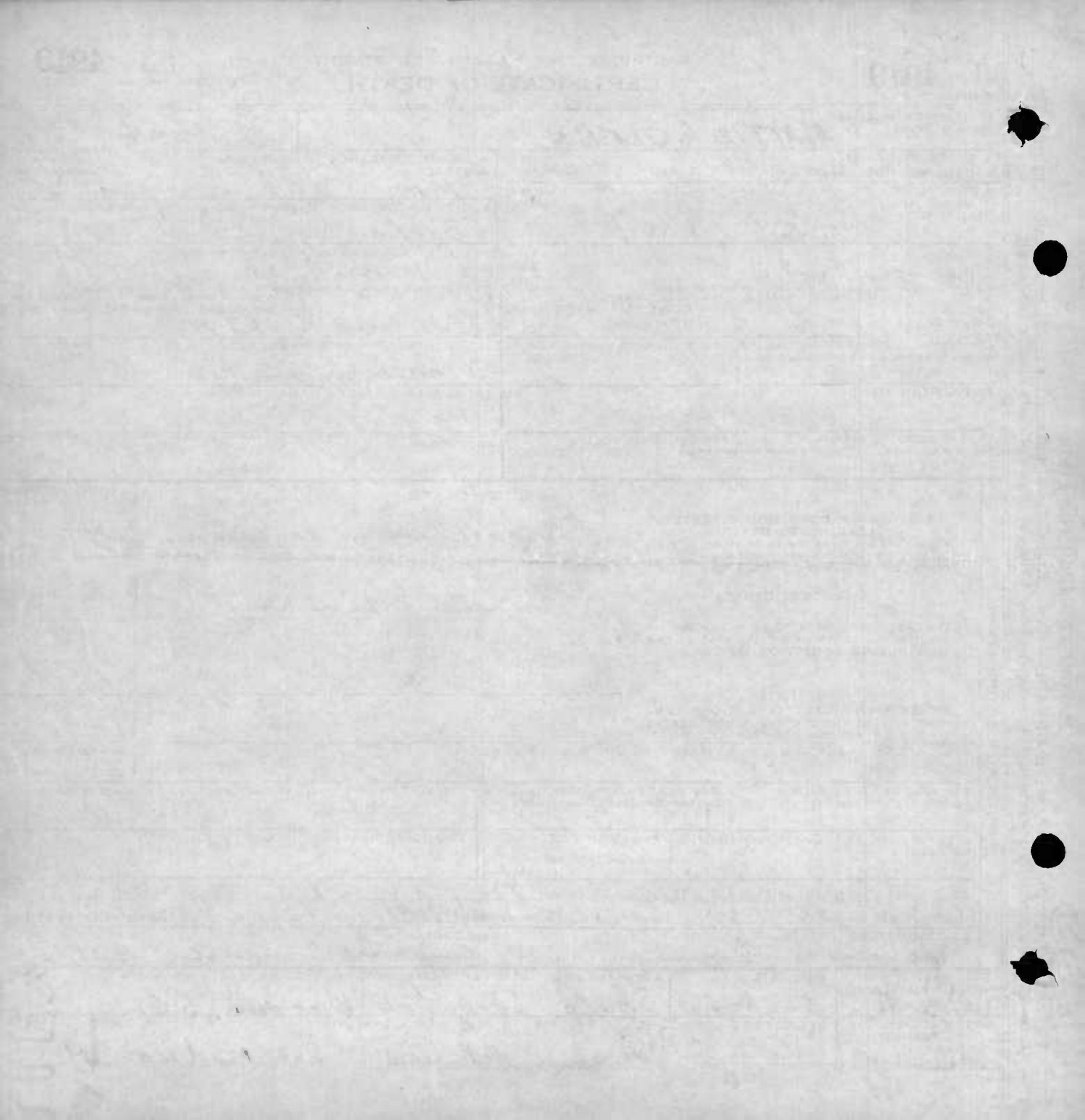
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

C. R. Law

ADDRESS

802 Madison Ave



N-530
53 4920BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4920

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George D. Noonan

2. DATE
OF
DEATH

5-24-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
a. STATE b. COUNTY

Md

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2200 Maryland Ave

c. CITY OR TOWN* (If outside corporate limits, write RURAL and give
township)

Baltimore

12-01

d. STREET ADDRESS (If rural, give location)

2200 Maryland Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr 7, 1910

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10b. KIND OF BUSINESS OR
INDUSTRY

Lantern Store

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Noonan

14. MOTHER'S MAIDEN NAME

Mary Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

before before

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. W. J. Mc Gady Cumberland

18. 322.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspector thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

William V. [Signature]

23b. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

5/28/53

24c. NAME OF CEMETERY OR CREMATORY

St Peter + Paul

24d. LOCATION (City, town, or county)

Cumberland Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

2503 Edmond

VS 151

39091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1880 50

1880 50

1880 50

1880 50

1880 50

1880 50

1880 50

1880 50

1880 50

1880 50

1880 50

1880 50

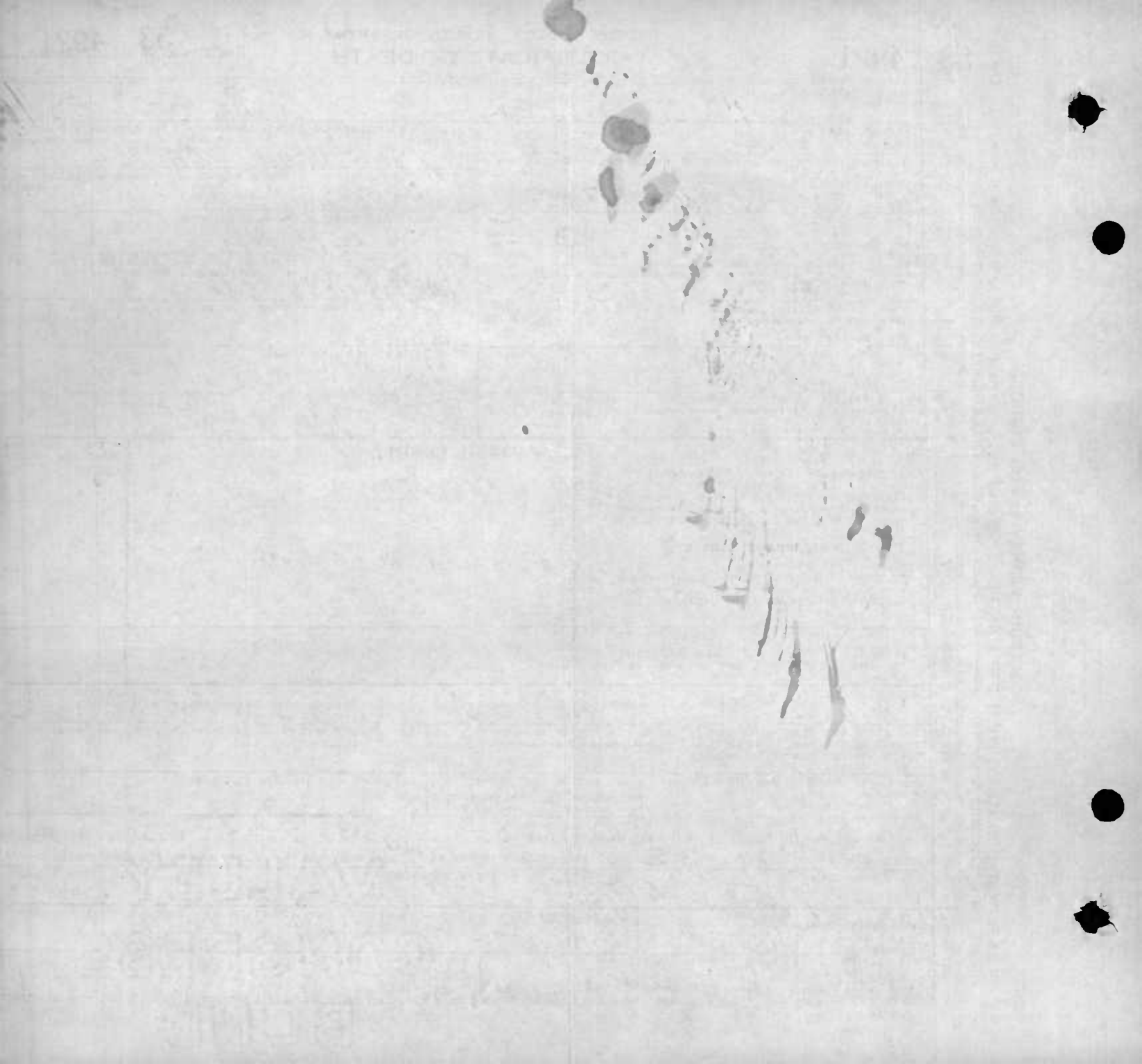
1880 50

1880 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 4921		53 4921	
CERTIFICATE OF DEATH				Registered No.			
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
ELIZABETH HAZEL KYKER				5-24-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				A. STATE B. COUNTY			
UNIVERSITY HOSPITAL				MARYLAND CARROLL			
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
38 3				HAMPSTEAD			
D. STREET ADDRESS (If rural, give location)				5600			
SHILOH AVE.							
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
F	W.	Married	March 15-1897	56			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Housewife			Tennessee		U.S.C.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
H. W. Bayless			Nora Caporne				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
No					James Henry Kyker Hampstead, Md.		
18. 155X I			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) CEREBRAL GEN. METASTASIS			6 mos.	
ANTECEDENT CAUSES			(B) ADENOCARCINOMA OF G.B.			?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)				
II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4-6-53		CAOF G.B.					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
		m.					
22. I hereby certify that I attended the deceased from 5-1 1953, to 5-24 1953 that I last saw the deceased alive on 5-24 1953, and that death occurred at 10 ⁰⁰ P.m., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED	
Benj. G. Edelstein M.D.				University Hosp.		5/24/53	
24A. FUNERAL CREMATION REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		May 25-1953		Fairview		Washington Co. Tenn.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
May 25 1953		Huntington Williams, M.D.		Burgess Funeral Home		3631 Falls Road	
				Norace F. Burgee			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4922BIRTH NO. 53 49221. NAME OF DECEASED
(Type or Print)Fritz Sander2. DATE
OF
DEATH5-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)Odenton, Maryland

D. STREET ADDRESS (If rural, give location)

Route 1

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

2-12-18799. AGE (in years
last birthday)74If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Farmer10B. KIND OF BUSINESS OR
INDUSTRYOwn Farm

11. BIRTHPLACE (State or foreign country)

Germany12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

JohnSander

14. MOTHER'S MAIDEN NAME

Mary Peine15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.Unknown

17. INFORMANT

ADDRESS

Mrs. Fred J. MeyerSeverna Park, Md.18. 420.1 and 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying. e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary OcclusionINTERVAL BETWEEN
ONSET AND DEATH5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Sclerosis
Generalized Arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Adeno-Carcinoma Stomach5 months

19A. DATE OF OPERATION

5/18/53

19B. MAJOR FINDINGS OF OPERATION

Adeno-Carcinoma Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1953, to 5/23, 1953, that I last saw the
deceased alive on 5/23, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Paduano

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5/23/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

May 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Bowie Lutheran Cem

24D. LOCATION (City, town, or county)

Bowie, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

V. Singleton

ADDRESS

San Bruno

1935

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1-1-

WALTER

1935

1935

1935

1935

1935

1935

1935

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-460
53 4923

CERTIFICATE CORRECTED 5-28-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4923

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert W. Miller

2. DATE
OF
DEATH

May 24 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Os 6

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1742 E. Baltimore St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-4-1928

9. AGE (In years,
last birthday)

24

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR INDUSTRY

Rheems Mfg. Co.

11. BIRTHPLACE (State or foreign country)

Portage, Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl Miller

Steel Prod. Co.

14. MOTHER'S MAIDEN NAME

Mary Hoover

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

U.S. Navy

16. SOCIAL
SECURITY NO.
380-24-6426

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 289.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Porphyria

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ HOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1953, to 5-24, 1953, that I last saw the deceased alive on 5-24, 1953 and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David Lukens

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

5/25/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Altoona Penna

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

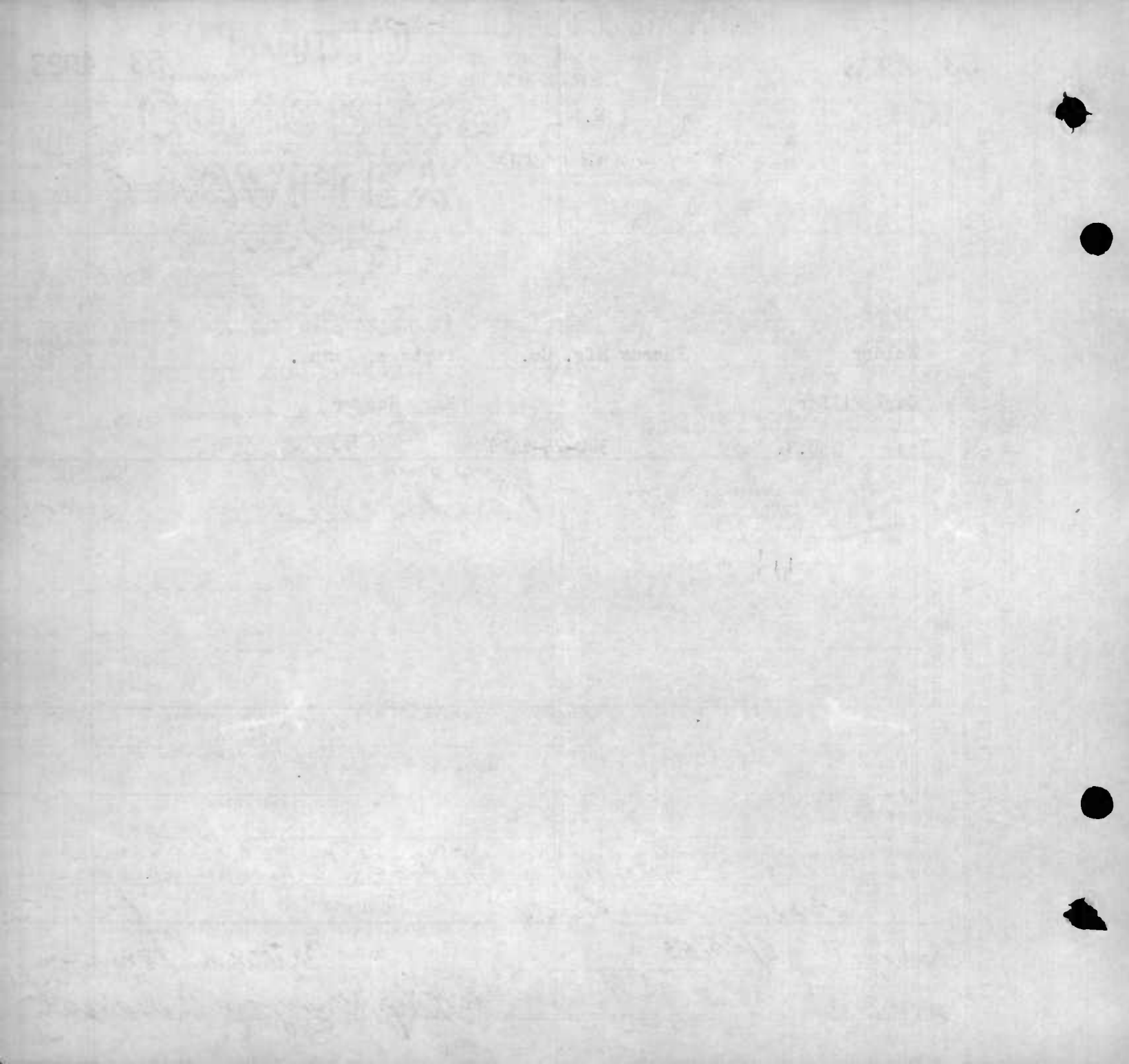
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Herwigson

ADDRESS

2024



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4924**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Teressa Stella Lehn.

2. DATE
OF
DEATH

5-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore #11

13-05

D. STREET ADDRESS (If rural, give location)

3140 Keswick Rd

c. Length of stay in Baltimore

75

Yrs
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Sept 13, 1877

9. AGE (In years
last birthday)

75

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Owen Zigler

14. MOTHER'S MAIDEN NAME

Sarah Strauss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Record

18. 561.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pulmonary infection

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Pulmonary embolus.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Abdominal incisional hernia, post-op.

19A. DATE OF OPERATION

5-23-53

19B. MAJOR FINDINGS OF OPERATION

Incarcerated Ant. abd. incisional hernia.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23 - 1953 to 5-25, 1953, that I last saw the
deceased alive on 5-25, 1953, and that death occurred at 11:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Edward H. Ossman, Jr.

M. D.

23B. ADDRESS

1800 E. Chase St.

23C. DATE SIGNED

5-25-53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Date received by Registrar's Signature
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



53 4925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4925

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH RUDOLPH FUEHRER

2. DATE
OF
DEATH

May 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Pa.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION

Wyman Pk/ drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Essington

D. STREET ADDRESS (If rural, give location)

101 W. second st.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

7/29/80

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

steward & Chief

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Antonie Fuehrer

14. MOTHER'S MAIDEN NAME

Mary Low

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

16. SOCIAL
SECURITY NO.
350-05-323817. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Thrombosis right femoral vein with
secondary bilateral massive
pulmonary embolism .Undeter-
mined

ANTECEDENT CAUSES

(B) Adenocarcinoma, prostate

Undeter-
minedDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1953 to May 24, 1953, that I last saw the
deceased alive on May 24, 1953, and that death occurred at 5:55P m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

5/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

5-26-1953

24C. NAME OF CEMETERY OR CREMATORY

H. Lincoln

24D. LOCATION (City, town, or county)

Bladensburg

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John N. Taylor

ADDRESS

Annapolis, Md.

Baltimore City Health Department

CERTIFICATE OF DEATH

Registered No.

4926

BIRTH NO. 4926

1. NAME OF DECEASED
(Type or Print)

Wallace, Mr. Earl

2. DATE
OF
DEATH

5-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Kent

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Chesterdown

C. Length of stay in Baltimore

5 years

D. STREET ADDRESS (If rural, give location)

Route 3

6400

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-5-1882

9. AGE (in years last birthday)

65

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wallace, William

14. MOTHER'S MAIDEN NAME

Bush, Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Obituary

ADDRESS

✓

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic heart disease

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-1953, to 5-25-1953, that I last saw the deceased alive on 5-25-1953, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. E. Elmendorf

23B. ADDRESS

Church Home & Hospital, Balto

23C. DATE SIGNED

5-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/28/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Frederick, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

H. E. Elmendorf & Son Frederick, Md.

ADDRESS

VS 150

H. E. Elmendorf

10010

Evidence: Affidavit from wife of deceased
stating that she was still married to the deceased;
Marriage Certificate to deceased.

accepted: 7/21/61

BY: D.D.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4927

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET WILSON

2. DATE
OF
DEATH

5/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1016 LEADENHALL ST.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

STATE MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 23-01

D. STREET ADDRESS (If rural, give location)

1016 LEADENHALL ST.

c. Length of stay in Baltimore

25

5. SEX

F.

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12/25

9. AGE (in years last birthday)

51

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

factory worker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ALBERT THURSTON

14. MOTHER'S MAIDEN NAME

BETTY FARMER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

218-28-4858

17. INFORMANT

ADDRESS

MARY FARMER - VA.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertensive Cardiovascular
Renal disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1953, to 5/24, 1953, that I last saw the deceased alive on 5/24, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Thorofsky M.D.

23B. ADDRESS

6011 Y. Mount St.

23C. DATE SIGNED

5/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

24B. DATE

5/26/53

24C. NAME OF CEMETERY OR CREMATORY

Va

24D. LOCATION (City, town, or county)

MINERAL LOUISA Co. Va

DATE RECEIVED BY LOCAL REGISTRAR

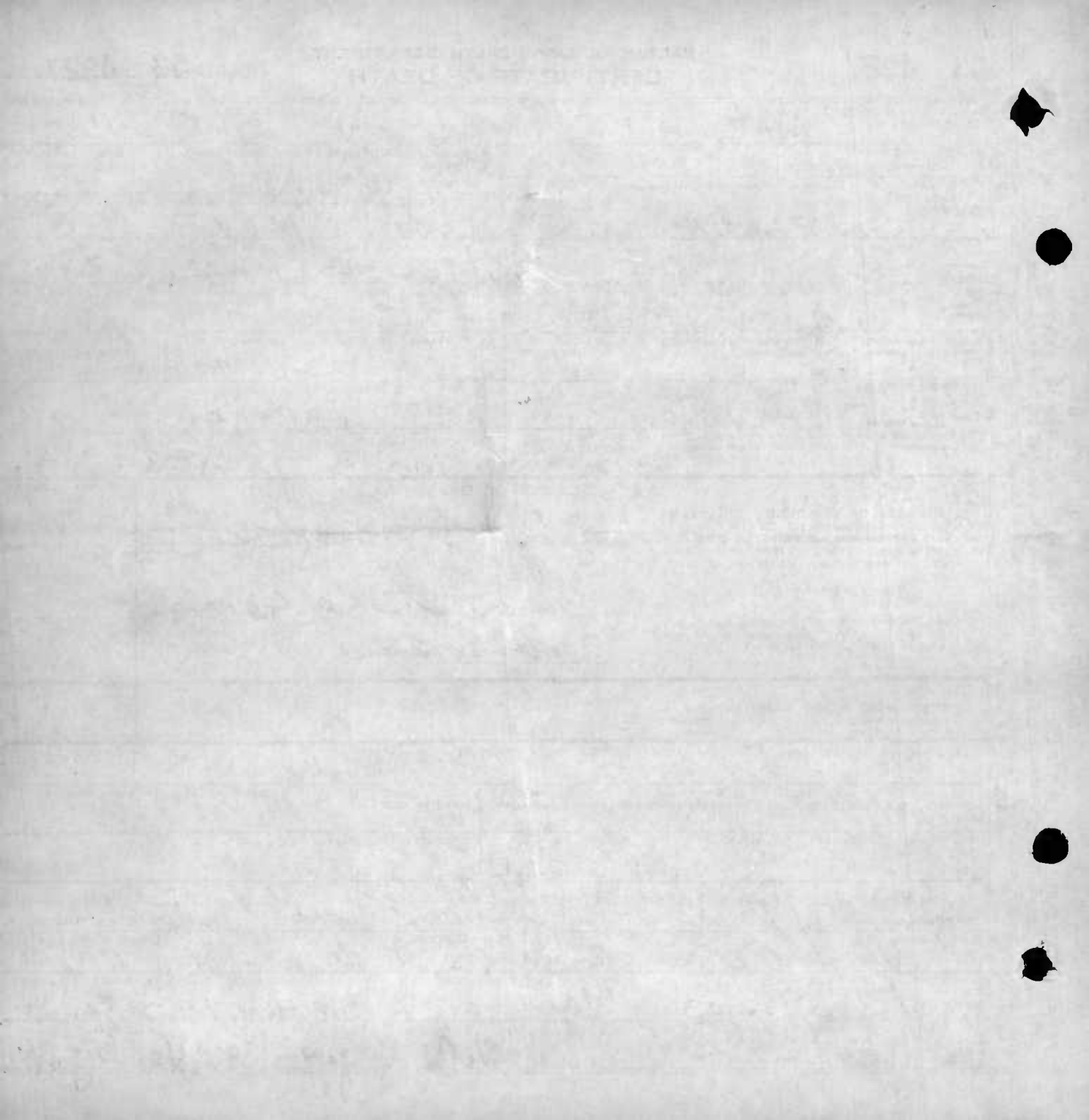
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Spiggs - 139 W. Hamburg St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-170592 13-256 53 4928		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4928	
1. NAME OF DECEASED (Type or Print) Leslie Bazemore			2. DATE OF DEATH May 24-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 4yrs.			D. STREET ADDRESS (If rural, give location) 121 Stockton St. zone 30		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH March 19-1909	9. AGE (In years last birthday) 44	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Tom Bazemore			14. MOTHER'S MAIDEN NAME Julia White		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMATION Baltimore City Hospitals-4940 Records: Eastern Ave.		
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia			CAUSE OF DEATH Lobar Pneumonia		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-24-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-24- , 19 53 , to 5-24- , 19 53 that I last saw the deceased alive on 5-24- , 19 53 , and that death occurred at 7.45Pm. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED May 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5-26-53		24C. NAME OF CEMETERY OR CREMATORY Bay View Va	
24D. LOCATION (City, town, or county) (State) Bay View Va		25. FUNERAL DIRECTOR ADDRESS James A. Stacey, 638 N. [Address]			
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953		REGISTRAR'S SIGNATURE H. J. [Signature]			

1954-1955

UNITED STATES DEPARTMENT OF AGRICULTURE

1954-1955

1954-1955

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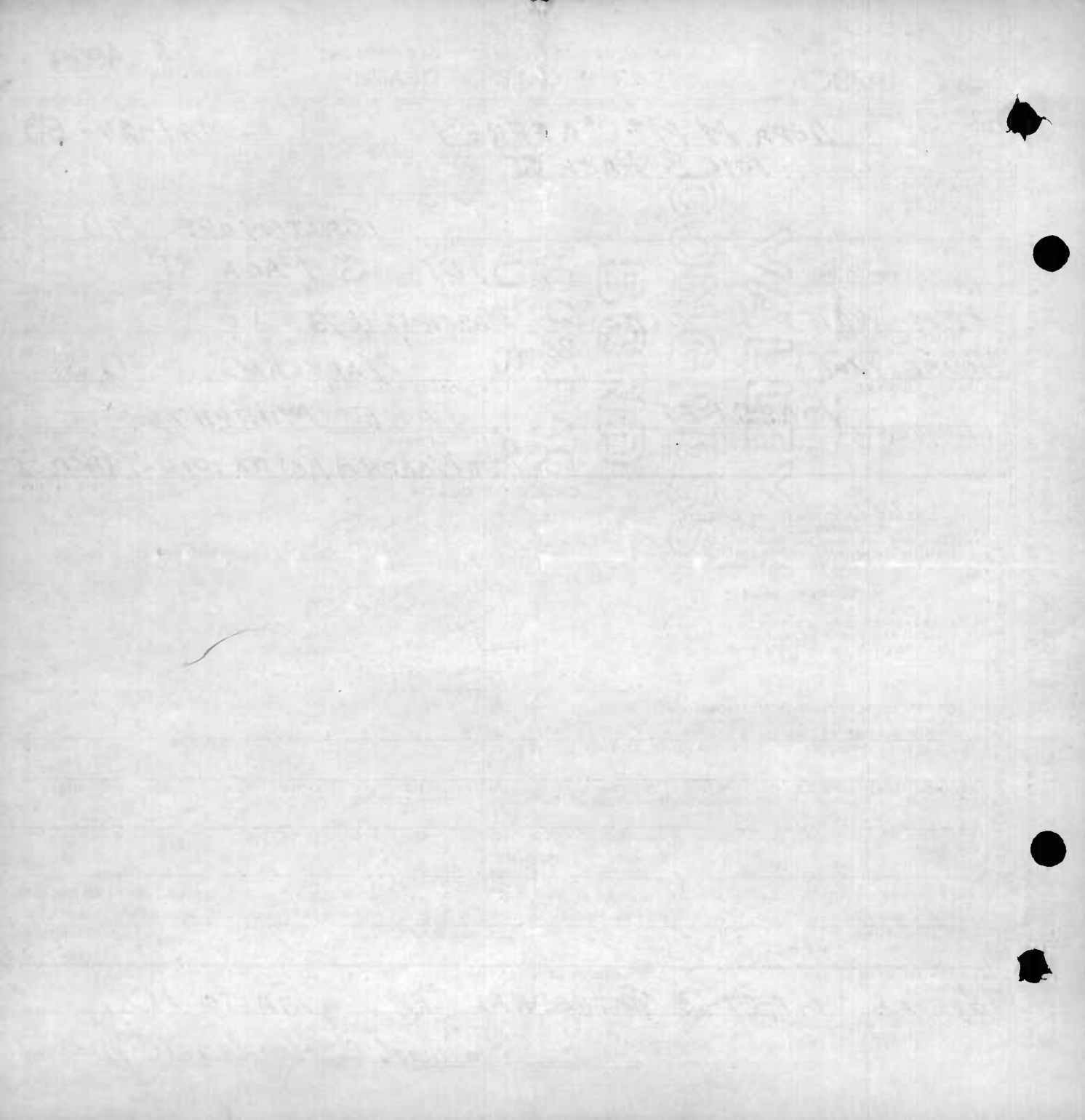
1954-1955

1954-1955

1954-1955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4929
Registered No.53 4929
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORA M McCAFFREY			2. DATE OF DEATH MAY-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1016 S PACA ST			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 21-01 B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1016 S PACA ST		
5. SEX FEM	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MARCH-22-1873		9. AGE (In years, last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME BASSETT			14. MOTHER'S MAIDEN NAME JANE MURPHY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS MARTIN A RAFTER-1016 S PACA ST		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocarditis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension Arteriosclerosis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			CAUSE OF DEATH myocarditis Hypertension Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 14 months 7 years 7 years		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 10th 1952 to May 24, 1953 , that I last saw the deceased alive on May 23rd 1953 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE James Kates		23B. ADDRESS 517 Scott St.		23C. DATE SIGNED May 25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY-27-53		24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL CEM	
24D. LOCATION (City, town, or county) BALTO MD		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1953		24F. REGISTRAR'S SIGNATURE Thurston Williams	
24G. FUNERAL DIRECTOR Bernard C. Harle		24H. ADDRESS 121 E Wood St			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F-435

53 4930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4930

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MAUDE W. FIELDING		May 24, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland Baltimore City		A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Franklin Square Hospital		Baltimore 20-05			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
1 YR.		2235 Frederick Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Widowed	April 24, 1884	69	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Factory worker		Saco-Moc Shoe Corp		Windsorville, Maine	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Joseph Henry Wingood		Lillian M. Jackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No		214-03-8009		Wm. Earl Wingood-201 Park Dr.	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		Catonsville	
		(A) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/27/53		Lorraine Cem.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
		Thurston		Eliuworth Armacost	
VS 151		6904W		4600 Liberty Hghts. Ave. 7	

53 4931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4931

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA M. COLE

2. DATE
OF
DEATH

MAY 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3020 E. FEDERAL ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 8-02

D. STREET ADDRESS (If rural, give location)

3020 E. FEDERAL ST.

c. Length of stay in Baltimore

58 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

3-3-1895

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FLOOR LADY

10B. KIND OF BUSINESS OR
INDUSTRY

BRICK LAYING

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN H. COLE

14. MOTHER'S MAIDEN NAME

LILLIE A. McLENNAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-03-5289

17. INFORMANT

FLORENCE E. COLE 3020 E. FEDERAL ST.

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute Coronary thrombosis
DUE TO Atherosclerosis of heart

7 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Congestive Heart Failure (at time) - 6 weeks
DUE TO Atherosclerotic Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 April, 1953, to 25 May, 1953, that I last saw the
deceased alive on 25 May, 1953, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel L. Lichtenfeld M.D.

23B. ADDRESS

714 E. P. Street

23C. DATE SIGNED

25 May 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

S. Truman Schuch

ADDRESS

2056C 3512 Frederick Ave.

WANG
GONG

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4932BIRTH NO. 53 4932

1. NAME OF DECEASED (Type or Print) LILLIAN KELLY			2. DATE OF DEATH 5/25/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALT.		
B. FULL NAME OF HOSPITAL OR INSTITUTION BON SECOURS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4903 Stafford ST. Rd		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/27/1900	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Edward Barrett			14. MOTHER'S MAIDEN NAME Annie Brady		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ed. F. KELLY 4903 STAFFORD Rd		
18. 584x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) Lung Abscess DUE TO Infected abdominal incision and dehiscence abd incision with paralytic ileus. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 20 days		
19A. DATE OF OPERATION 4/28/53		19B. MAJOR FINDINGS OF OPERATION Chronic cholecystitis & cholelithiasis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-27, 1953 to 5-25, 1953 that I last saw the deceased alive on 5-25, 1953 and that death occurred at 3:00 pm. , from the causes and on the date stated above.					
23A. SIGNATURE L. Nelson McKay M. D.			23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 5-25-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 29, 1953	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Ed. F. Kelly		ADDRESS 3512 FREDERICK AVE.	

1914-15

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1914-15

1914-15

1914-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 4933</u>	
BIRTH NO. <u>53 4933</u>					
1. NAME OF DECEASED (Type or Print) <u>JOSEPHINE R. THORNBURG</u>				2. DATE OF DEATH <u>MAY 24, 1953</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MD.</u> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2921 GLENMORE AVE</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 27-06</u>	
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>				d. STREET ADDRESS (If rural, give location) <u>2921 GLENMORE AVE</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 20, 1887</u>	9. AGE (In years last birthday) <u>66</u>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WHEELING, W. VA.</u>
13. FATHER'S NAME <u>JOHN R. HESS</u>			14. MOTHER'S MAIDEN NAME <u>JOSEPHINE FITZ</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>23903-6179</u>		
17. INFORMANT <u>CHARLES THORNBURG, JR. (SAME)</u>			ADDRESS		
18. <u>443x</u> CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Auricular fibrillation</u> DUE TO				<u>1 year</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Hypertensive arteriosclerotic cardiovascular disease</u> DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Toxic thyroid</u>					
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? <u>In Baltimore City, give exact location</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>26 June 19 52</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John H. Bernal</u> M. D.		23b. ADDRESS <u>1531 E North Ave</u>		23c. DATE SIGNED <u>25 May 53</u>	
24a. BURIAL / CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARKWOOD</u>	
24d. LOCATION (City, town, or county) (State) <u>BALTO. MD.</u>		24e. DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 26 1953</u>		24f. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
24g. FUNERAL DIRECTOR <u>Medred J. Bleight</u>		24h. ADDRESS <u>6009 KENYON</u>			

TO BE APPROVED BY THE MEDICAL EXAMINER

Dr. BARNABY -
1531 E. NORTH AVE.
MIL 5-8426

9-10-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

5-536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4934 Registered No. 53 4934

BIRTH NO. 53 4934

1. NAME OF DECEASED (Type or Print) Allen W. Sanders

2. DATE OF DEATH May 24 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION Bldg 3 IN Stel RR.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

7. STREET ADDRESS (If rural, give location) 5 Mc Cormick Ave

8. Length of stay in Baltimore 41 YRS

9. SEX Male 10. COLOR OR RACE White 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

12. DATE OF BIRTH 12-2-1896 13. AGE (In years last birthday) 56 14. If Under 1 Year Months: Days 15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF CLERK 17. KIND OF BUSINESS OR INDUSTRY METER AND INS 18. BIRTHPLACE (State or foreign country) MC KESPORT PENNA 19. CITIZEN OF WHAT COUNTRY? U.S.A.

20. FATHER'S NAME CHARLES SANDERS. 21. MOTHER'S MAIDEN NAME CLARA BURKETT.

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO 23. SOCIAL SECURITY NO. 212-05-6057 24. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS

25. CAUSE OF DEATH
18. 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
tumor of the cerebellum
DUE TO (pathology not identified)
19. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
diverticulitis
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 2 yrs

21. DATE OF OPERATION 5-20-53 22. CONDITION FOR WHICH OPERATION WAS PERFORMED ① cerebellar tumor or ② perforated diverticulitis 23. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 24. AUTOPSY? YES ☒ NO ☐

25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐ 26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

28. TIME (Month) (Day) (Year) (Hour) OF INJURY 29. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 30. HOW DID INJURY OCCUR?

31. I hereby certify that I attended the deceased from 5-14, 1953 to 5-24, 1953 that I last saw the deceased alive on 5-24 1953 and that death occurred at 8:50 P.M., from the causes and on the date stated above.

32. SIGNATURE Wm. McQueen M. D. 33. ADDRESS JOHNS HOPKINS HOSPITAL 34. DATE SIGNED 5-25-53

35. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 36. DATE MAY 26 1953 37. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM. 38. LOCATION (City, town, or county) (State) 4430 BELAIR RD MD.

39. DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953 40. REGISTRAR'S SIGNATURE Huntington Williams, M.D. 41. FUNERAL DIRECTOR Bro 7110 BELAIR RD. ADDRESS

VS 150 39073

1895

62

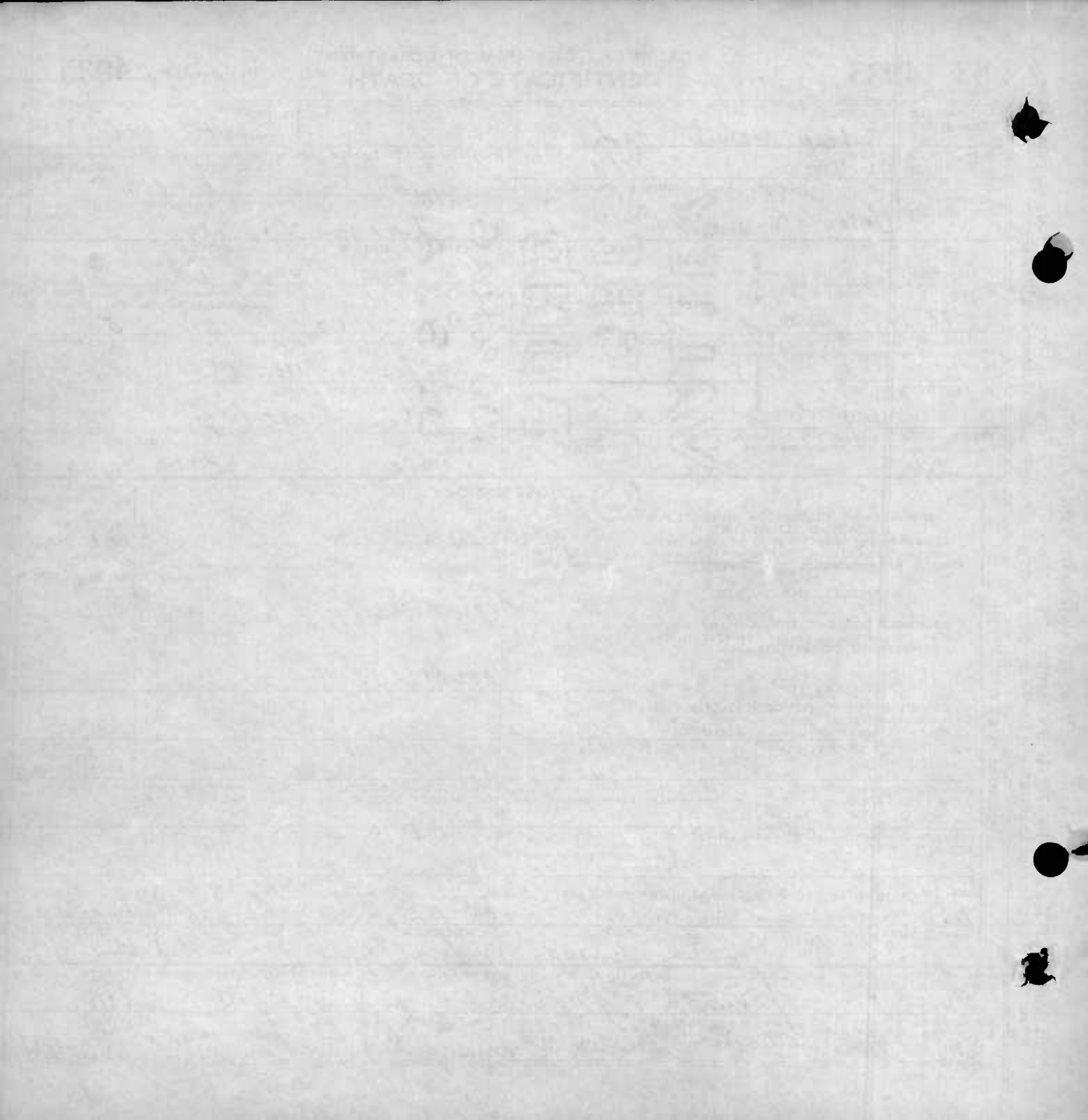
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4935**BIRTH NO. **53 4935 53-11400**

1. NAME OF DECEASED (Type or Print) Robert Lewis Roil			2. DATE OF DEATH 24 May 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY BALTO.		
b. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. County		
c. Length of stay in Baltimore 5 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3213 Joppa Rd. 5200		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 19 MAY 1953	9. AGE (In years last birthday)	10. Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTO. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Robert Roil			14. MOTHER'S MAIDEN NAME Ethel Gittings		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Father 3213 Joppa Rd.		
18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis DUE TO Aspiration DUE TO Prematurity			INTERVAL BETWEEN ONSET AND DEATH 21 hrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 7		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 19 , 19 53 , to May 24 , 19 53 , that I last saw the deceased alive on May 24 , 19 53 , and that death occurred at 10:20 p. m., from the causes and on the date stated above.					
23a. SIGNATURE R. Donald Eney, M.D.		23b. ADDRESS 12 York Rd. Towson Md.		23c. DATE SIGNED May 24, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/26/53		24c. NAME OF CEMETERY OR CREMATORY Parkwood Cem. BALTO Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR'S ADDRESS Leonard Luck 5305 Harford	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 4936

Registered No. _____

53 4936

1. NAME OF DECEASED (Type or Print) William C. Zick		2. DATE OF DEATH 5-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 805 E. Chase St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01	
c. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 805 E. Chase St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10B. KIND OF BUSINESS OR INDUSTRY Motor Transfer	9. AGE (In years last birthday) 63
13. FATHER'S NAME Henry F. Zick		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Barbara Trump	
17. INFORMANT Mrs. Zick		ADDRESS 805 E. Chase St.	
18. 153x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Primary Carcinoma of Colon DUE TO (B) Diabetes Mellitus DUE TO (C) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 6 mo. 15 yrs. 17 yrs.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-27-53		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-23 , 19 53 , to 5-24 , 19 53 , that I last saw the deceased alive on 5-23 , 19 53 , and that death occurred at 8 a. m., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 11 E. Chase St.	23C. DATE SIGNED 5-25-53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5-27-53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Chas. F. Evans & Son 118 W. Mt. Royal Ave.	

VS 150

29052

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

11 E. Chase St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4937

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anthony George

2. DATE
OF
DEATH

May 25, 1953

3. PLACE OF DEATH:
a. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE *Pa.* b. COUNTY *V-35*

b. FULL NAME OF HOSPITAL OR INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Kingston Pa.

d. STREET ADDRESS (If rural, give location)
125 Shupe St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

1-26-1931

9. AGE (In years last birthday)

22

10. Under 1 Year Months: Days

11. Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Brown Earth Log

11. BIRTHPLACE (State or foreign country)
Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter George

Coral Ford (m)

14. MOTHER'S MAIDEN NAME

Minnie John

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
211-24-8612

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *540.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Gastro-Intestinal Bleeding
Peptic ulcer and

INTERVAL BETWEEN ONSET AND DEATH

about

2 months

4 years

ANTECEDENT CAUSES

(B)

ulcerative colitis

17 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bacteremia

10 days

19a. DATE OF OPERATION

(1) 5/11/53 (2) 5/21/53

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

(1) ulcerative colitis (2) bleeding ulcer

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-4, 1953* to *5-25, 1953* that I last saw the deceased alive on *5-25, 1953* and that death occurred at *8:00 P.* m., from the causes and on the date stated above

23a. SIGNATURE

John L. Ruggin

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

5/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removed

24b. DATE

May 26/53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

Kingston Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese J. ...

24e. FUNERAL DIRECTOR

Philip ...

ADDRESS

2024 ...

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4938		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 4938 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) CECIL IRVIN NASH				2. DATE OF DEATH May 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hosp.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cattonsville	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 5226 Cromarty Rd. 5352	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 20, 1905	9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Mgr.		10B. KIND OF BUSINESS OR INDUSTRY Spice Mfg.		11. BIRTHPLACE (State or foreign country) Georgia	
13. FATHER'S NAME Stephen C. Nash				14. MOTHER'S MAIDEN NAME Lena Ward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Ethel Nash - 5226 Cromarty Rd.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)				CAUSE OF DEATH CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 to May 23, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 4.05 P. m., from the causes and on the date stated above.					
23A. SIGNATURE John H. ...		23B. ADDRESS 1118 St. Paul St. - Balt. 2, Md.		23C. DATE SIGNED 5-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/26/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. J. ...	
VS 150		29047 Balto 17, Md.			

WARRANT FOR ARREST

Let the following warrant be taken by the Sheriff of Baltimore City, Maryland, to arrest the person named in the following warrant, and to bring him before the Court of Baltimore City, Maryland, to answer to the charge in the warrant.

1938

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Last, first, middle)		2. PLACE OF DEATH a. Baltimore City, Maryland b. Full name of institution or hospital	
3. DATE OF DEATH (Month, day, year)		4. USUAL RESIDENCE a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If rural, give location)	
5. SEX a. Male b. Female		6. AGE a. At last birthday b. At date of death	
7. MARITAL STATUS a. Single b. Married c. Widowed d. Divorced		8. OCCUPATION a. Name of business or profession b. Address of business or profession	
9. FATHER'S NAME a. Full name b. Address		10. MOTHER'S NAME a. Full name b. Address	
11. WAS DECEASED EVER IN U.S. ARMY OR NAVY (If yes, give date of entry and date of discharge)		12. INFORMATION a. Name b. Address	
13. CAUSE OF DEATH a. Disease or condition directly leading to death b. Antecedent causes c. Disease or condition which was the cause of death d. Other significant conditions contributing to the death but not related to the disease or condition causing it			
14. DATE OF DEATH a. Month, day, year b. Time of death (If known)			
15. HOW DID DEATH OCCUR a. Natural b. Accidental c. Suicide d. Homicide e. Unknown			
16. SIGNATURE a. Registrar b. Medical Director			
17. FULL RURAL ORIGIN a. Date b. Signature			

H-400
53 4939BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 4939

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUE BANKS HILL

2. DATE
OF
DEATH

May 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Long Green Nursing Home

115 E. Melrose Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

Baltimore

D. STREET ADDRESS (If rural, give location)

34 Dunkirk Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Oct. 14, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Banks

14. MOTHER'S MAIDEN NAME

Virginia Weller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Robert R. Hill, Jr. - 34 Dunkirk Rd. #12

18. 153X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1952

19B. MAJOR FINDINGS OF OPERATION

Cancer of Colon, ascending

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to May, 1953, that I last saw the
deceased alive on May 24, 1953, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

22A. SIGNATURE

William J. Helphich

M. D.

23B. ADDRESS

5006 Roland Ave. 10 5/24/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/26/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Bacto. 17, Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		OCCUPATION		MARRIAGE		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		MEDICAL HISTORY		HISTORY OF PRESENT ILLNESS		TREATMENT		POST-MORTEM	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JURY		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF REGISTRAR	
DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4940**BIRTH NO. **53 4940**1. NAME OF DECEASED
(Type or Print)**CHARLOTTE EMMA LILLY**2. DATE
OF
DEATH**May 25, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
HOSPITAL**Hospital for Women of Md.**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-02

D. STREET ADDRESS (If rural, give location)

616 St. North Avenue

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

Oct. 23, 19009. AGE (in years
last birthday)**52**

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**-**

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

James O. Severe

14. MOTHER'S MAIDEN NAME

Laura Kaider15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uokooow) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**212-28-7170**

17. INFORMANT

ADDRESS

Medford Lilly-Husband Same18. **446x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)**Intracerebral hemorrhage**INTERVAL BETWEEN
ONSET AND DEATH**1 hour**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.**Hyper tension****6 months****arteriosclerotic Nephrosclerosis 1-2 yr**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from **April 11, 1953** to **5/25**, 19**53** that I last saw the
deceased alive on **5/25**, 19**53**, and that death occurred at **11:25 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Helgard Reissmann**Womans Hospital****5/25/53**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5/27/53

24C. NAME OF CEMETERY OR CREMATORY

David Ridge Cem.

24D. LOCATION (City, town, or county)

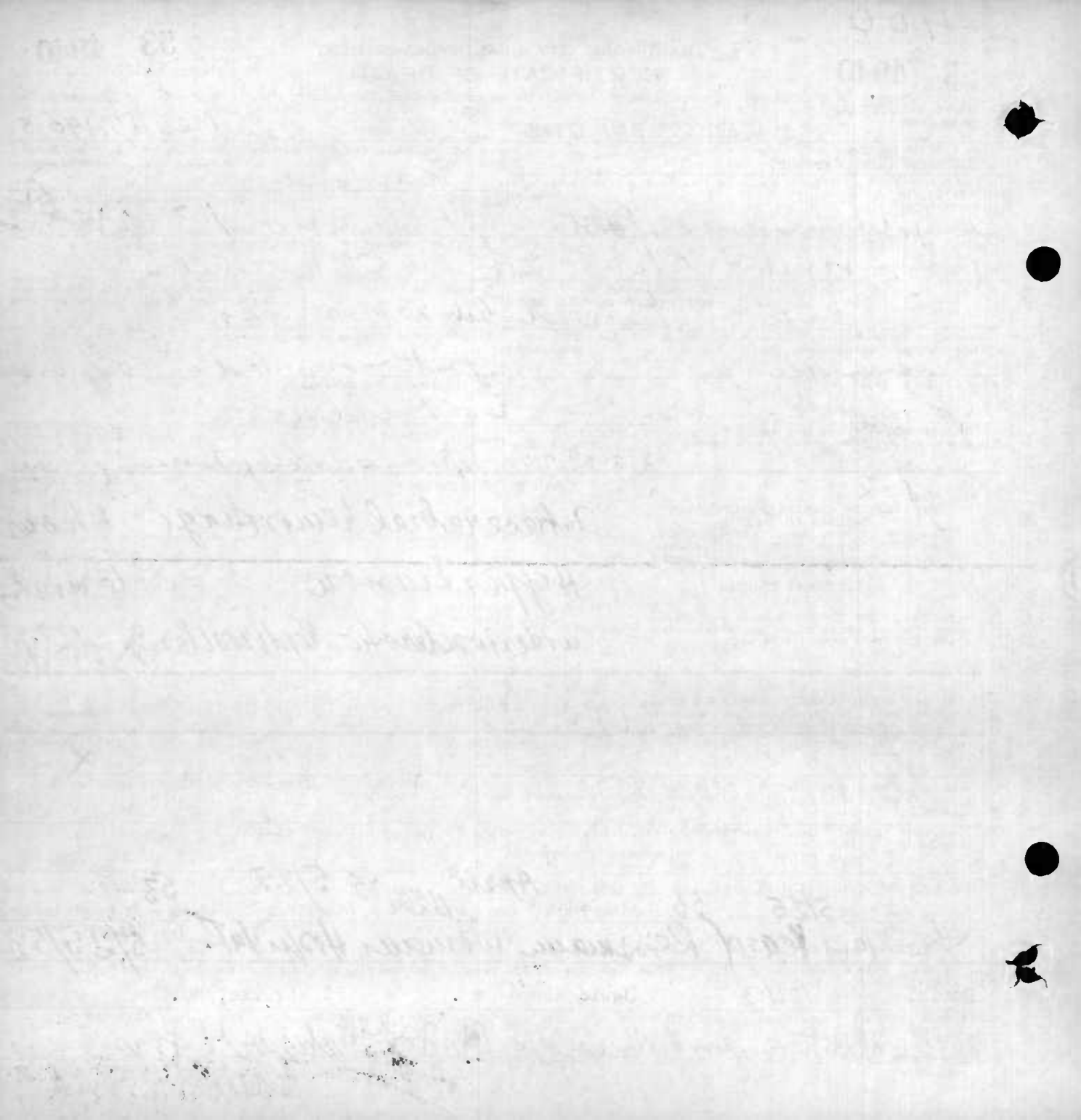
Pikesville, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1953**Huntington Williams, M.D.****Wm. J. Pickner & Sons****Baltimore, Md.**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT				53 4941	53 4941
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.		53 4941		EFCIL MARCH 5 LEWIS	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Cecil Marcus Lewis			May 25, 1953		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
A. Baltimore City, Maryland			A. STATE Maryland		
B. FULL NAME OF (not in hospital or institution, give street address or location)			B. COUNTY		
University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
D. STREET ADDRESS (If rural, give location)			Baltimore 13-02		
c. Length of stay in Baltimore			1917 Park Avenue		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months Days
Male	White	Single	Feb. 10, 1947	6 yrs.	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?		
Student			W. Va.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Basil Lewis			Alberta Henson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
no			no		
18. 510.1 and E 954.7			Mrs. Alberta F. Roberts - 1917 Park Ave.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			CAUSE OF DEATH		
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Pulmonary atelectasis, bilateral		
DUE TO Syncope during anesthesia			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
(C)					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
May 19, 1953		Tonsils and adenoid operation		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
hospital		University Hosp.-Lombard & Greene Sts.			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
May 19, 1953		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		Syncope during vinethane-ether anesthesia	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
[Signature]		M.D.		May 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)	
Burial	5/27/53	Mt. Olivet Cem.	Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
MAY 26 1953	Huntington	R. M. G. Pickens & Sons	Baltimore 17, Md.		
V S 151	N 999.2				

Handwritten text at the bottom left corner, possibly a signature or date, including the words "Hall" and "171".

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4942BIRTH NO. 53 49421. NAME OF DECEASED
(Type or Print)BAKEY, EDWIN2. DATE
OF
DEATHMay 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTYMaryland BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONChurch Home & HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore

C. Length of stay in Baltimore

20Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1305 Taylor ave. 5300

S. SEX

M

6. COLOR OR RACE

W7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)W

8. DATE OF BIRTH

Jan 20, 19009. AGE (In years
last birthday)53H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Retired10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

George Baekey

14. MOTHER'S MAIDEN NAME

Nellie Boyd15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.215-14-6728

17. INFORMANT

ADDRESS

Church Home & Hospital18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Carcinoma of Lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.arteriosclerotic Heart Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5/18, 1953, to 5/24, 1953, that I last saw the
deceased alive on 5/24, 1953, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Dawson

23B. ADDRESS

M. D.

Church Home & Hospital

23C. DATE SIGNED

5/25/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 26 1953Thurston H. WilliamsBeaumont & SonHarford Co Md

CONFIDENTIAL

CONFIDENTIAL

D-560
53 4943BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4943

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Concetta D'Amario

2. DATE
OF
DEATH

May 24 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 711 S. Linwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

711 S. Linwood Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

711 S. Linwood Ave

c. Length of stay in Baltimore

50 Yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

October 27 1900 - 52

9. AGE (In years
last birthday)If Under 1 Year
Months Days

6 27

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Cefalu' Palermo Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pietro Citrano

14. MOTHER'S MAIDEN NAME

Concettina Citrano

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Guido D'Amario 711 S. Linwood Ave

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 30, 1950, to 5/24, 1953 that I last saw the
deceased alive on 5/24, 1953 and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph R. Roberts

M. D.

23B. ADDRESS

1011 N. Charles St

23C. DATE SIGNED

5/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 27 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

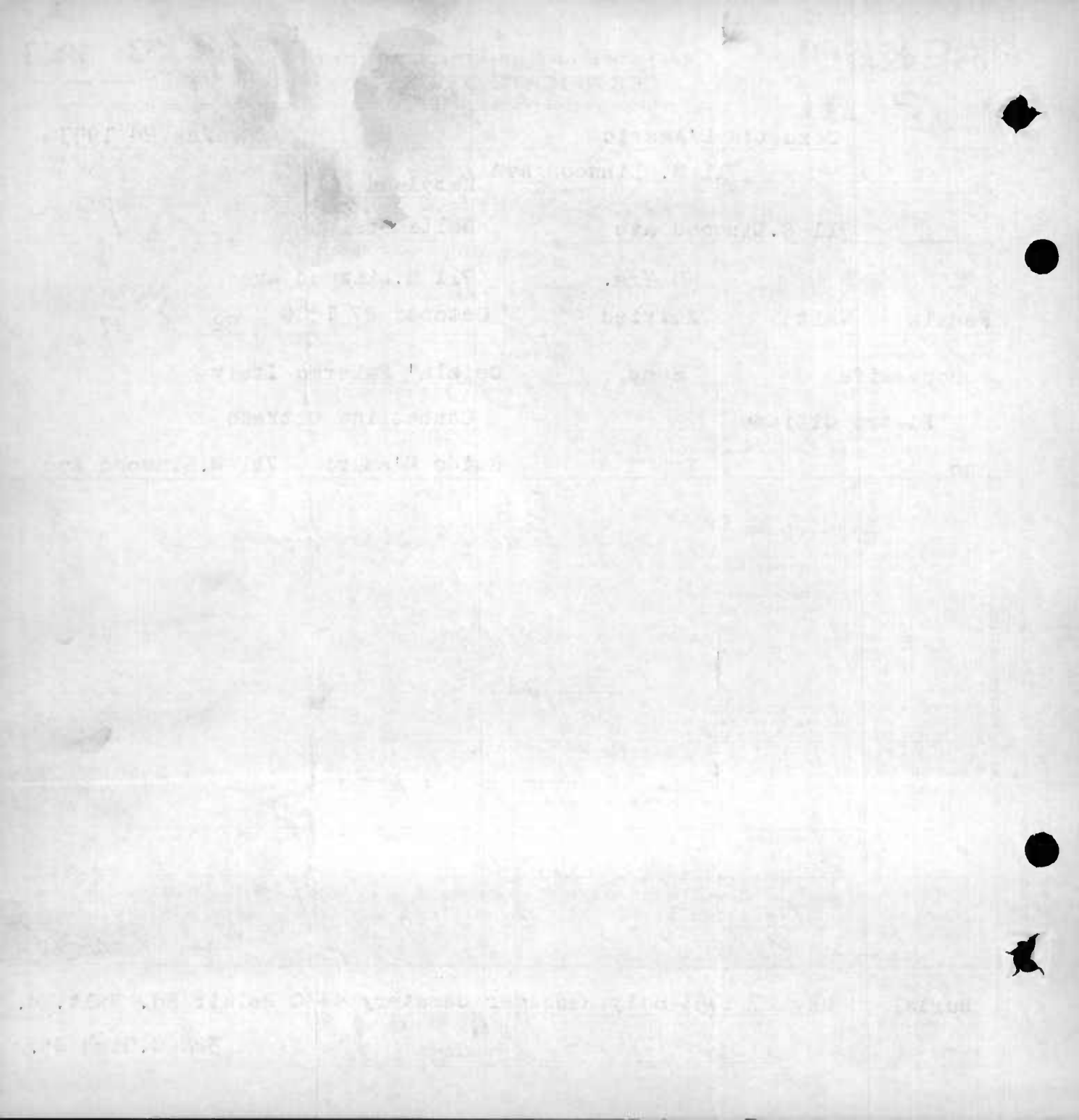
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

ADDRESS

Grauer Della Wee 322 S. High St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Baltimore City Health Department				53 4944	
CERTIFICATE OF DEATH				Registered No. 53 4944	
BIRTH NO.				1. NAME OF DECEASED (Type or Print)	
2. DATE OF DEATH				Sallie B. Derr	
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
A. Baltimore City, Maryland				A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
646 St. Franklin St.				Baltimore	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)	
646 St. Franklin St.				646 St. Franklin St.	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		Colored		Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife		None		N. Carolina	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Major Derr		Julia Johnson		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS	
(Yes, no or unknown)		(If yes, give war or dates of service)		Thos. Willie M. Derr 646 St. Franklin St.	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH	
ANTECEDENT CAUSES				Central Hemorrhage	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				Hypertension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/10/52, to 5/24/53, that I last saw the deceased alive on 5/23/53, and that death occurred at 4:12 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
William Dancer		253 Carl St.		5/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		May 27, 1953		Family Plot	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF FUNERAL DIRECTOR		24F. ADDRESS	
Victory, N. C.		Huntington Williams, M.D.		1657 David Hill Ave.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S ADDRESS	
MAY 26 1953		Huntington Williams, M.D.		1657 David Hill Ave.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-640
53 4945
BIRTH NO. 4945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4945

1. NAME OF DECEASED (Type or Print) <i>Maxine Pearl</i>			2. DATE OF DEATH <i>5-24-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>9-09</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1603 Ensor St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
D. STREET ADDRESS (If rural, give location) <i>1603 Ensor St.</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>2/5/30</i>	9. AGE (In years last birthday) <i>30</i>	10. Under 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse and</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Relay Station</i>		
11. BIRTHPLACE (State or foreign country) <i>Friedrich Md</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Franklin J</i>			14. MOTHER'S MAIDEN NAME <i>Caroline Washer</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>213-30-362</i>		
17. INFORMANT <i>Mrs Stahl</i>			ADDRESS <i>1603 Ensor St</i>		
18. <i>353.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Epilepsy</i>			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Partial Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. ...</i>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <i>5-28-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>5/26/53</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Martini Cem</i>			24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 26 1953</i>			25. FUNERAL DIRECTOR <i>Wm. H. ...</i> ADDRESS <i>6067 Hwy. E</i>		

V S 151
73088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8-452

53 4946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4946

1. NAME OF DECEASED (Type or Print) JOHN H. SCHLINKMANN		2. DATE OF DEATH MAY- 25-1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1313 EUTAW PLACE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8 - 31-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR		10b. KIND OF BUSINESS OR INDUSTRY DENTIST	
13. FATHER'S NAME WILLIAM SCHLINKMANN		14. MOTHER'S MAIDEN NAME SARAH CHAMBERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. *****	
17. INFORMANT Dr. Thomas G. Hartley		ADDRESS 1313 Eutaw Pl.	
18. 157x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Cocci bacteremia DUE TO possible origin in Pancreas		CAUSE OF DEATH ASHD	
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-19-53 , 19__, to 5-25-53 , 19__, that I last saw the deceased alive on 5-25-53 , 19__, and that death occurred at 4:25 p.m. , from the causes and on the date stated above.		23a. SIGNATURE R. G. Lyder	
23b. ADDRESS Mercy Hospital		23c. DATE SIGNED 5-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 28-1953	
24c. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM.		24d. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND	
25. FUNERAL DIRECTOR Hartington Williams, M.D.		26. ADDRESS 4 Sore Jn	

1952

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STRZEGOWSKI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4947

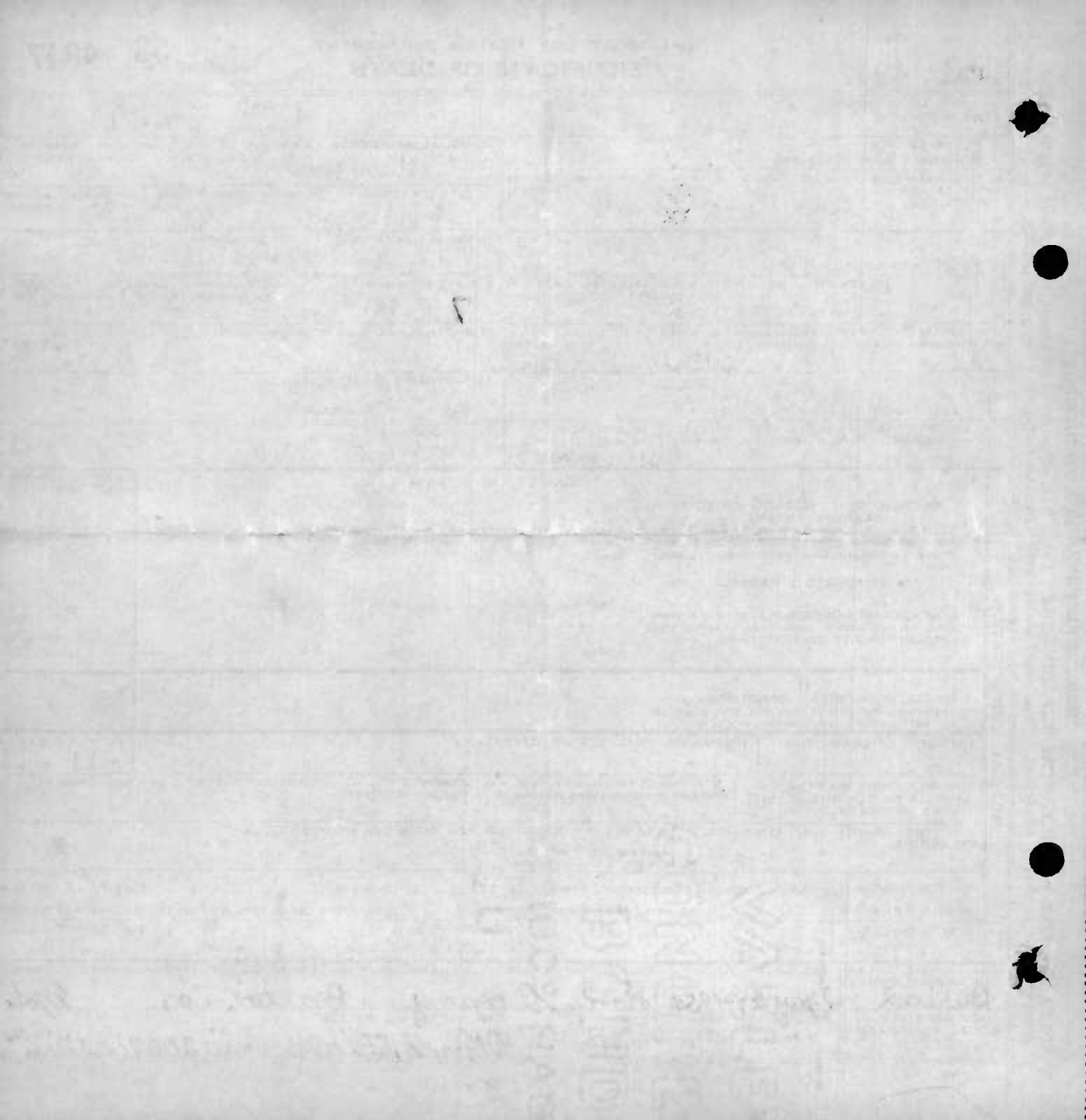
BIRTH NO. 53 4947

1. NAME OF DECEASED (Type or Print) <u>Strzegowski Leo</u>			2. DATE OF DEATH <u>5-25-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>1-03</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Church Home & Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>41</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>612 South Bradford</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>7-9-1911</u>	9. AGE (in years last birthday) <u>41</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shipyard worker</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Bethlehem Steel Corp</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Strzegowski, Mr Anthony</u>			14. MOTHER'S MAIDEN NAME <u>Val, Frances</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>213-07-8097</u>		
17. INFORMANT <u>Valient</u>			ADDRESS		

18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary thrombosis</u> DUE TO (A) <u>Coronary thrombosis</u> (B) <u>17 day</u> (C) <u>17 day</u>			INTERVAL BETWEEN ONSET AND DEATH <u>17 day</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>17 day</u> (C) <u>17 day</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-9-</u> , 19 <u>53</u> to <u>5-25-</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5-25-</u> , 19 <u>53</u> , and that death occurred at <u>7⁰⁰ pm.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>1152</u>		23B. ADDRESS <u>Church Home & Hospital</u>	
23C. DATE SIGNED <u>5-25-53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>May 29-1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Co., Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>May 26 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Mr. S. Fialkowski</u> ADDRESS <u>2007 Eastern Ave</u>	

VS 150

6903U



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4948

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Esther Andrews</i>			2. DATE OF DEATH <i>5-25-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write R.U.T.A. and give township) <i>Baltimore 14-02</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>535 Wilson St. CT</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>2-15-1903</i>	9. AGE (In years last birthday) <i>50</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			11. BIRTHPLACE (State or foreign country) <i>MD.</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Unemployed</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Arthur Curry</i>			14. MOTHER'S MAIDEN NAME <i>?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Lewis Andrews - Wilson Co.</i>			ADDRESS <i>535</i>		

18. *330x and 260x*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Subarachnoid Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Essential Hypertension*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Diabetes Mellitus*

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *5-16* 19*53* to *5/25* 19*53*, that I last saw the deceased alive on *5-25* 19*53*, and that death occurred at *3:05* a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

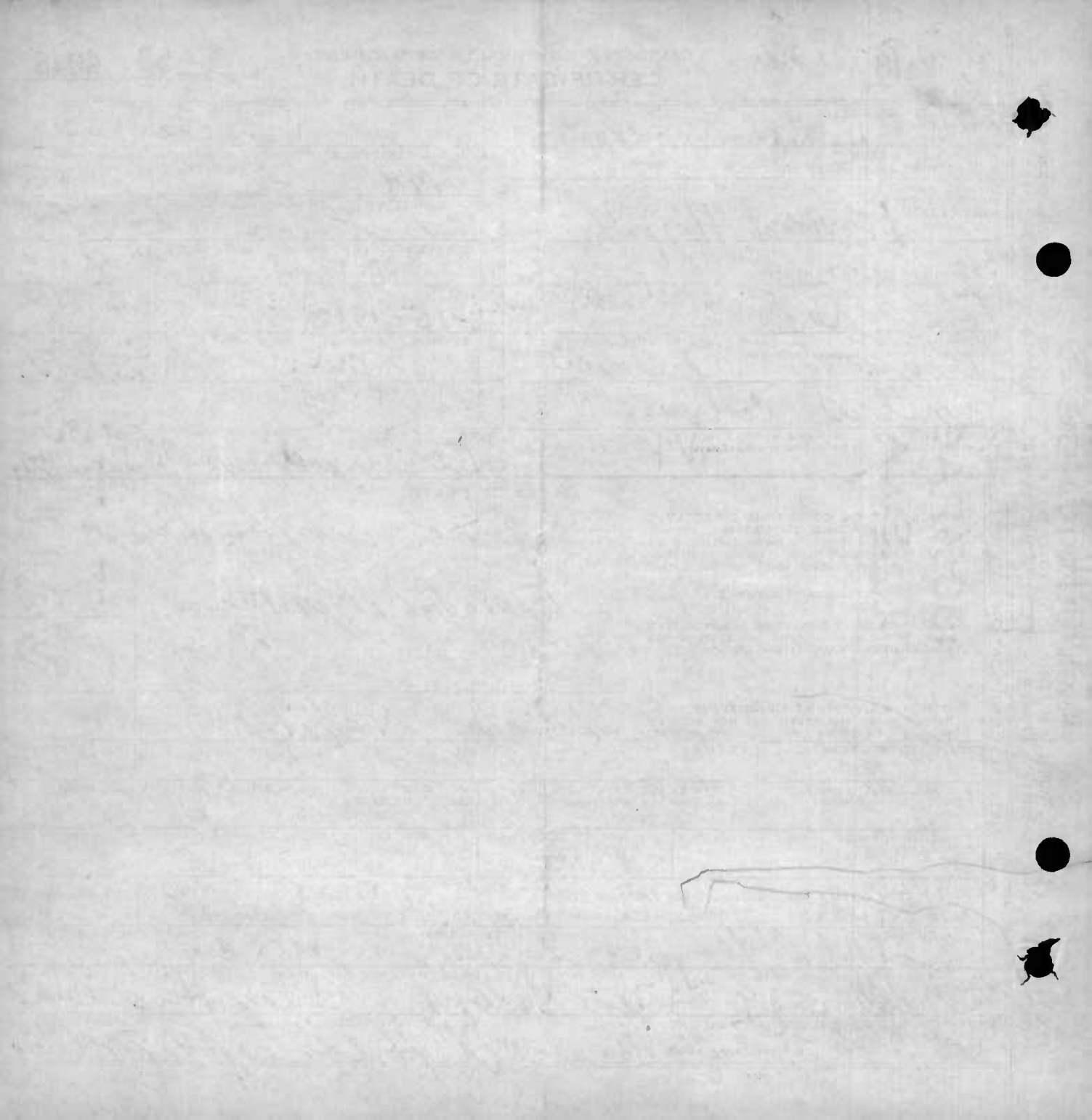
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

720 FA



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4949**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Maurice Conety (COMEGY)**

2. DATE OF DEATH **5-23-53**

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Md.** b. COUNTY **city**

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write full name and township)
Baltimore

1225 Penn. Ave

d. STREET ADDRESS (If rural, give location)
1225 - Penn. Ave.

c. Length of stay in Baltimore

5. SEX **M.**

6. COLOR OR RACE **Col.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday) **58**

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

laborer

FT MEAD EMP.

Md.

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Yes

W. W. .1

Maurice Conegy-

and

18. **151X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Stomach**

DOE TO

ANTECEDENT CAUSES

(B) **generalized metastases**

DOE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

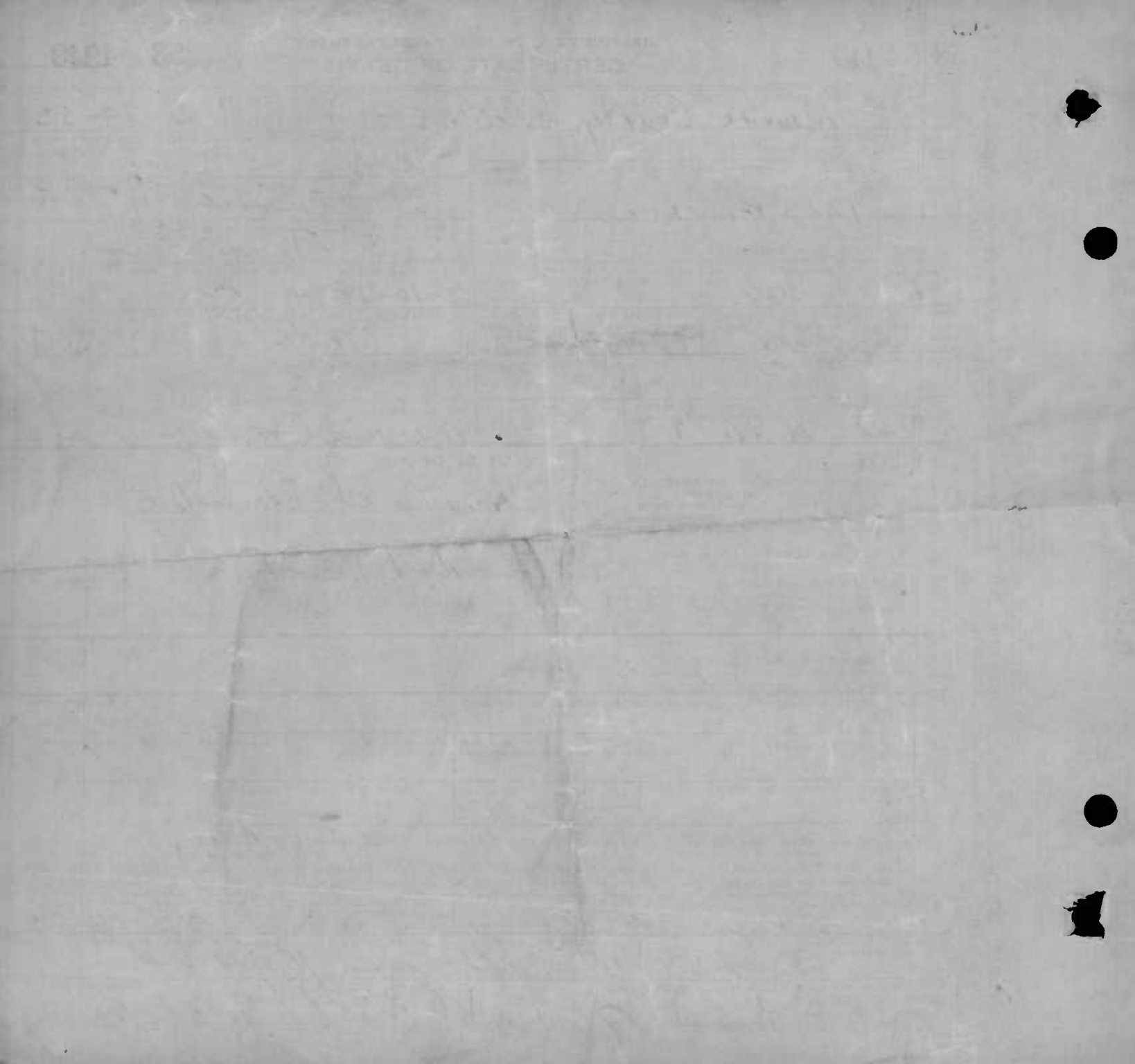
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4950**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARJORIE B. RUTHERFORD**2. DATE
OF
DEATH**5-24-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**MERCY HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

332 TAPLOW ROAD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE ☒ MARRIED~~MARRIED~~ DIVORCED (Specify)

8. DATE OF BIRTH

4-21-87

9. AGE (In years last birthday)

66If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Mins.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. V.12. CITIZEN OF
WHAT COUNTRY?**U. S.**

13. FATHER'S NAME

WOLFE

14. MOTHER'S MAIDEN NAME

LEONA BURCH15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **MYOCARDIAL INFARCTION****72 HRS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-21**, 19**52**, to **4-24**, 19**52**, that I last saw the deceased alive on **4-24**, 19**52**, and that death occurred **at 4:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Ireland

M. O.

23B. ADDRESS

MERCY HOSPITAL

23C. DATE SIGNED

5-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arlington National Cem Arlington, Virginia

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John A. Moran, 3000 E. Balti., Md.

ADDRESS

Baltimore, Md.

1930

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE CHIEF OF BUREAU

1930

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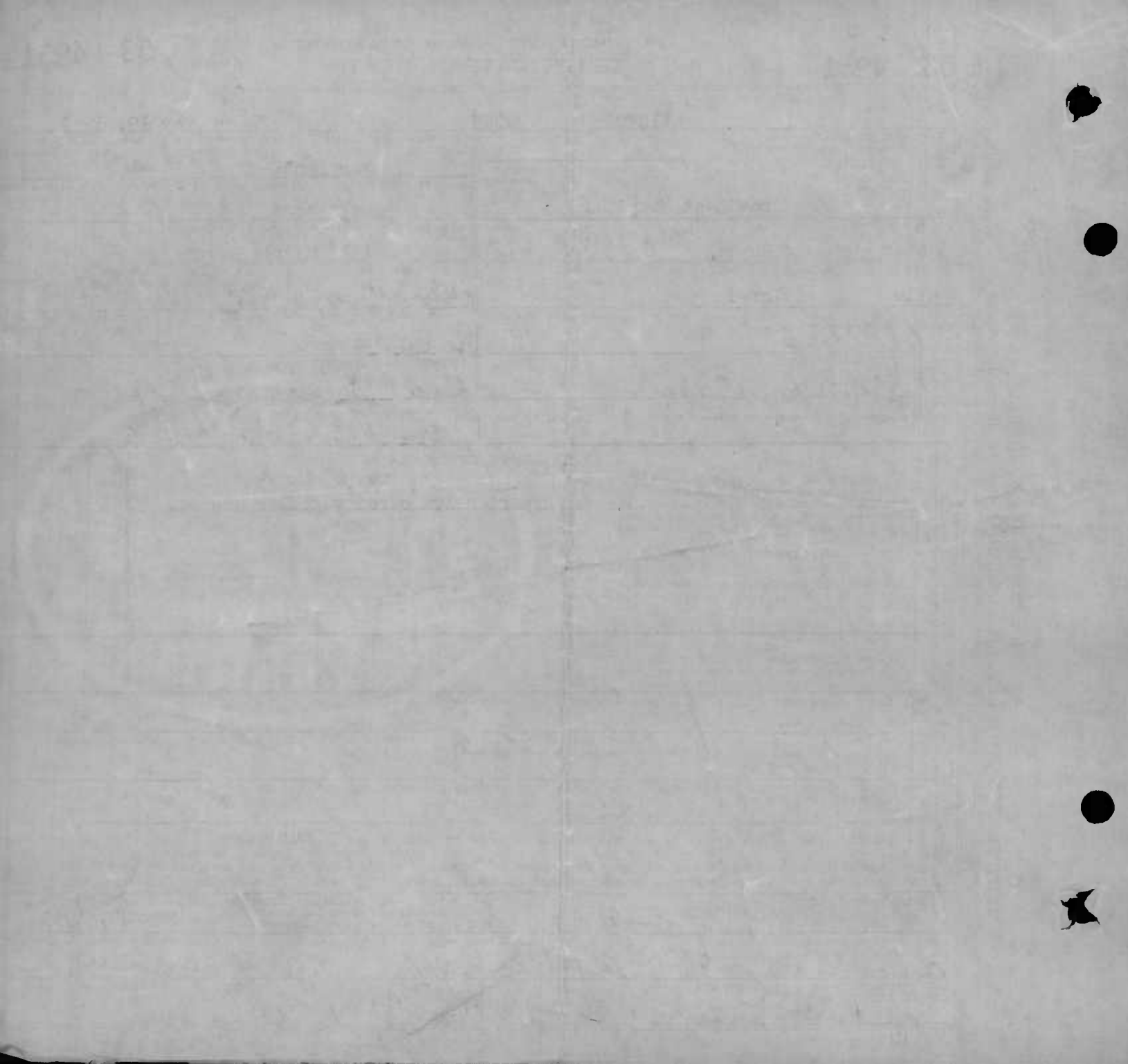
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 4951**

B-650
53 4951
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
VICTOR BROWN		May 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Provident Hospital		Maryland Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
30 yrs		1316 Myrtle Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Colored		July 22nd 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Water			56
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Abraham Brown		Alabama	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
		Walphine Brown	
16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS	
		Mrs Jennie Hall	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH 1009 Pason St Hypertensive cardiovascular disease	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
R. Fisher		May 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24C. NAME OF CEMETERY OR CREMATORY	
Burial May 20th 1953		Mt Calvary	
24B. DATE		24D. LOCATION (City, town, or county) (State)	
May 20th 1953		Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR		25. GENERAL DIRECTOR'S ADDRESS	
May 26 1953		Oliver O. Wilson	
VS 151		784 6M 11560 Brantley	

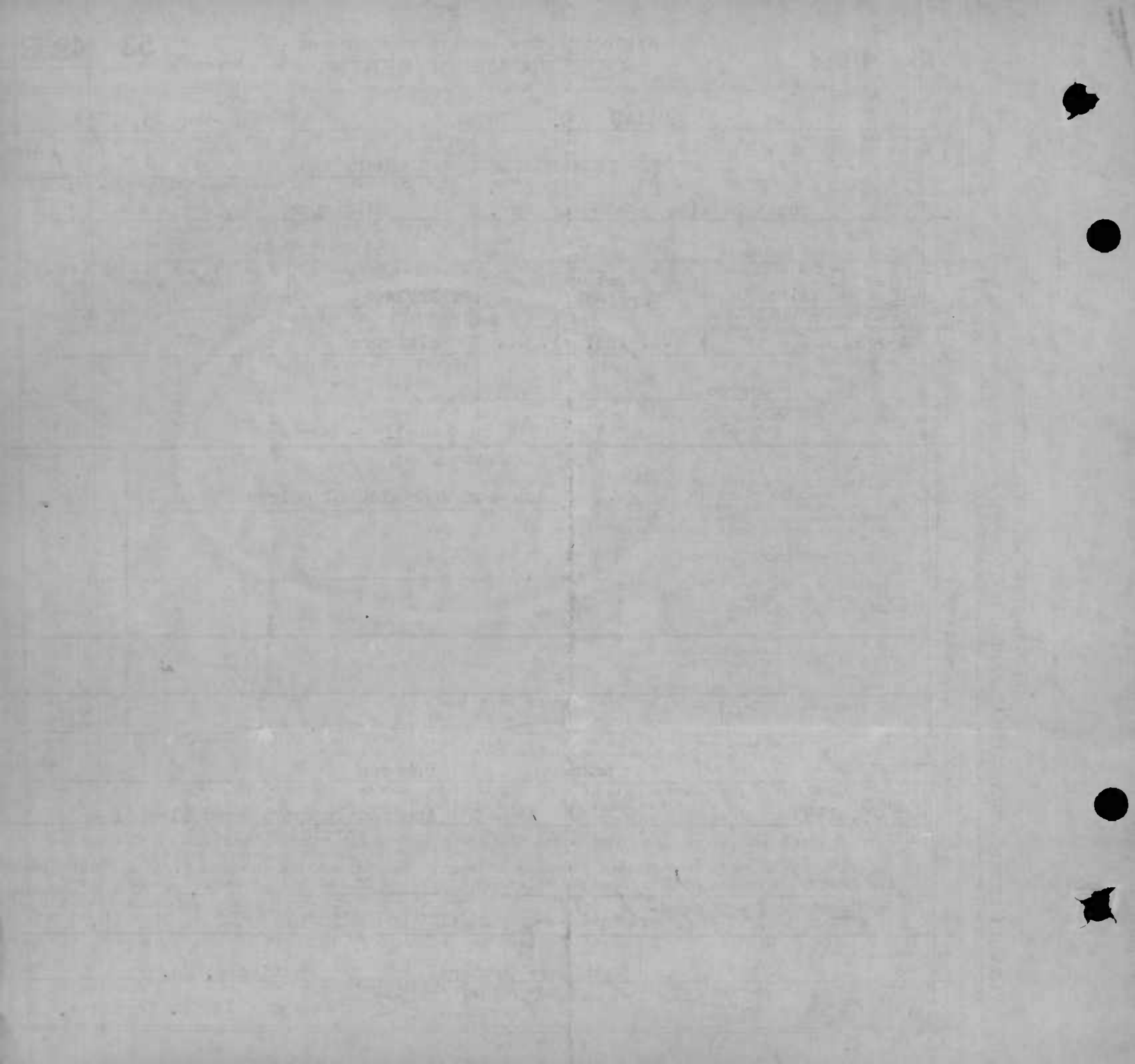


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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 4952	
BIRTH NO. P-300 53 4952					
1. NAME OF DECEASED (Type or Print) CHARLES D. POTE				2. DATE OF DEATH May 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 25-04		
B. FULL NAME OF (not in hospital or institution, give street address or location) South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 911 Aft Court		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/13/1895	9. AGE (In years last birthday) 57	If Under 1 Year _____ Months _____ Days _____ If Under 24 Hours _____ Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY U.S. Ind. Al. Co.		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME George			12. CITIZEN OF WHAT COUNTRY? Baltimore		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W W #1			14. MOTHER'S MAIDEN NAME ?		
16. SOCIAL SECURITY NO. 218 09 6545			17. INFORMANT ADDRESS Family - Same		
18. E880.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute methyl alcohol poisoning (A) DUE TO _____ ANTECEDENT CAUSES (B) DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Unknown	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 25, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Apparently drank wood alcohol	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. D. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 5/28/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR 130 E. Fort Ave.			
DATE RECEIVED BY LOCAL REGISTRAR May 26		REGISTRAR'S SIGNATURE H. H. Harrison			
VS 151 N961.0 76374					

MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4953

D-156 53 4953		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4953	
1. NAME OF DECEASED (Type or Print) FREDERICK DEPPNER			2. DATE OF DEATH May 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Massachusetts		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Summerville		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 38 Jay Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1912	9. AGE (in years last birthday) 40	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10B. KIND OF BUSINESS OR INDUSTRY Moving	11. BIRTHPLACE (State or foreign country) Ellwood City, Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Stephen F. Deppner			14. MOTHER'S MAIDEN NAME Kate Ludwig		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Stella Deppner 38 Jay St. Somerville, Mass.		
18. CAUSE OF DEATH E974X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxiation due to hanging (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Trailer truck		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rear of 5701 Pulaski Highway	
21D. TIME (Month) (Day) (Year) (Hour) May 25, 1953 7:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self inside trailer truck	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED May 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5-26-53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Everett, Mass.		24E. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR May 26 1953		REGISTRAR'S SIGNATURE [Signature]		25. CUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.	
VS 151		N 991X		643 52	

8024

WEST VIRGINIA STATE

1901



A 520
53 4954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 4954

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLINTON A AMOS

2. DATE OF DEATH
May 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
(not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

816 N. Vincent Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 15 1923

9. AGE (In years last birthday)

29

If Under 1 Year Months: Days

6 9

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Laborer

10B. KIND OF BUSINESS OR INDUSTRY

General Laborer

11. BIRTHPLACE (State or foreign country)

Parrattsville Maryland

12. CITIZEN OF WHAT COUNTRY?

U S

13. FATHER'S NAME

James Amos

14. MOTHER'S MAIDEN NAME

Jane Rebecca Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Wilson L Amos

ADDRESS 5015 Alameda Blvd Baltimore Md

18. 002 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. F. F.

23B. CHIEF MEDICAL EXAMINER... ☒ ASSISTANT MEDICAL EXAMINER... ☐ MEDICAL INVESTIGATOR... ☐ 23C. DATE SIGNED May 25, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/53

24C. NAME OF CEMETERY OR CREMATORY

Fairview

24D. LOCATION (City, town, or county)

Forest Hill Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles E. Furst

ADDRESS

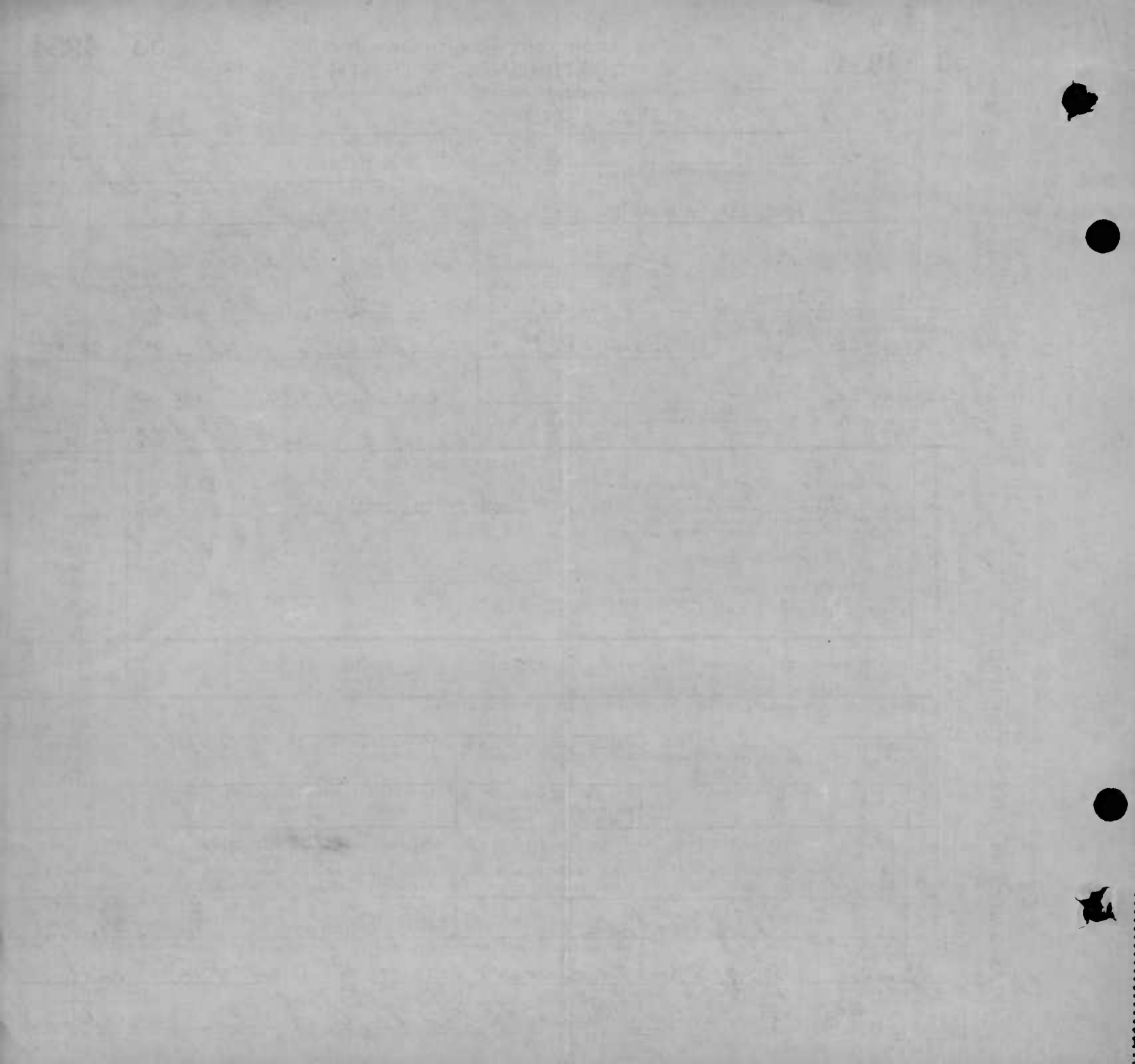
Parrattsville Md

VS 151

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-552

53 4955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4955
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mina Schenning

2. DATE
OF
DEATH

May 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dist 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md.

Harford

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Edgewood

D. STREET ADDRESS (If rural, give location)

6200

C. Length of stay in Baltimore

2 1/2 wks

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-17-1892

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore md

12. CITIZEN OF
WHAT COUNTRY?

USC

13. FATHER'S NAME

Joseph H Frank

14. MOTHER'S MAIDEN NAME

Mary C. Schwartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs Thomas Coates Edgewood Rd

18.

203X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Multiple Myeloma

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6, 1953 to 5-24, 1953 that I last saw the
deceased alive on 5-24, 1953 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Alexander H. Woods

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/27/53

24C. NAME OF CEMETERY OR CREMATORY

Lien Luth Cem

24D. LOCATION (City, town, or county)

Baltimore md

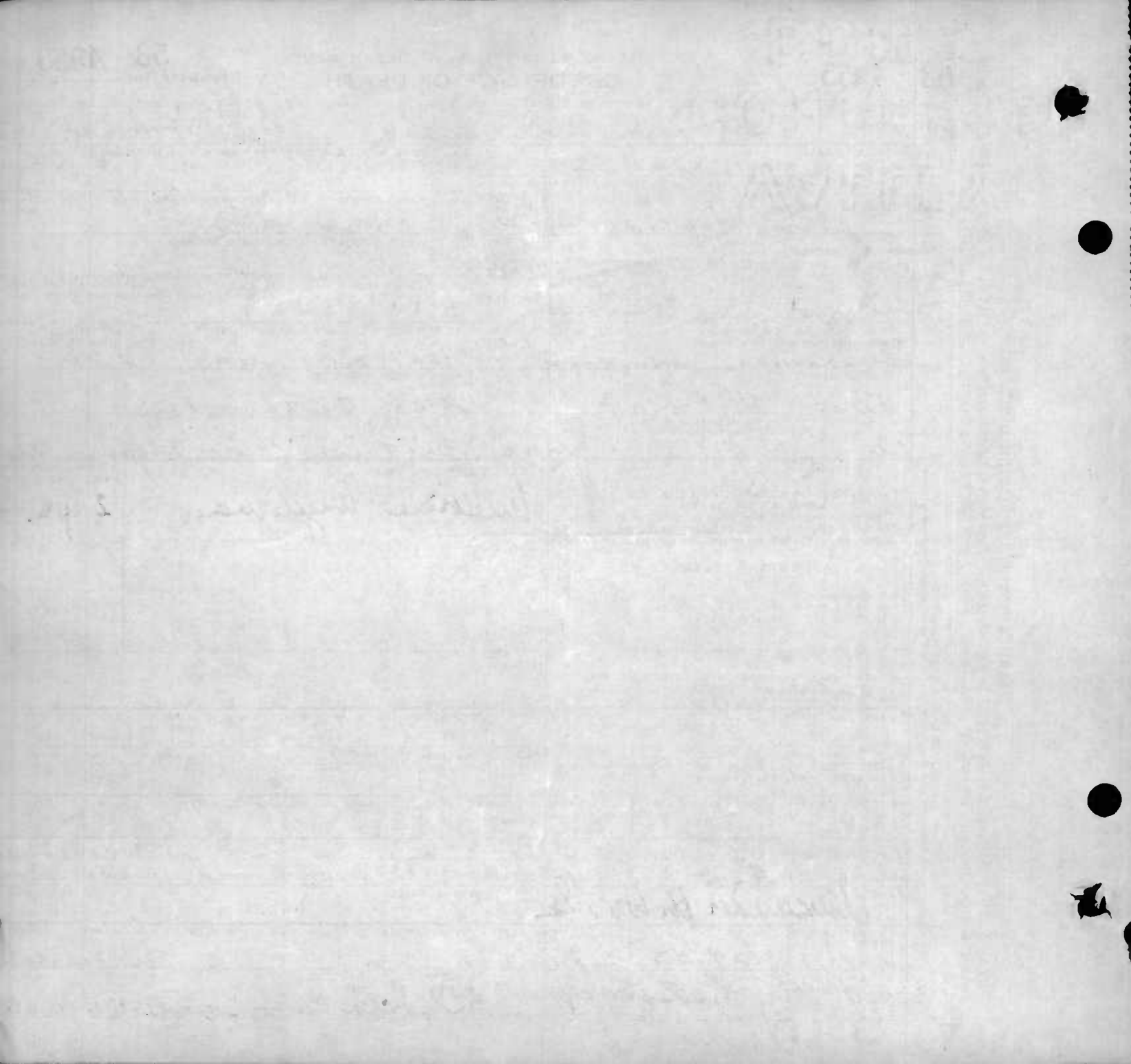
DATE RECEIVED BY REGISTRAR'S SIGNATURE

MAY 26 1953

Huntington Williams

25. FUNERAL DIRECTOR

Lassiter Funeral Home 7401 Balto Rd



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 4956**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLINE E. K. (CARRIE) TOLSTON

2. DATE
OF
DEATH

5-24-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Cuthman Hosp of Ind

c. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give
township)

Baltimore Md 26-11

c. Length of stay in Baltimore

LIFE

d. STREET ADDRESS (If rural, give location)

516 S. Baldwin St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-30-04

9. AGE (In years
last birthday)

48

If Under 1 Year Months: Days Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10b. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM SCHECH

14. MOTHER'S MAIDEN NAME

ANNA SCHROLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ERNEST B. TOLSTON

ADDRESS

SAME.

18. **602X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bilateral Renal Calculi

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

5-23-53

19b. MAJOR FINDINGS OF OPERATION

Staghorn Calculi Left Kidney

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-20-53**, to **5-24-53**, that I last saw the
deceased alive on **5-24-53**, and that death occurred at **3:20 A.M.**, from the cause and on the date stated above.

23a. SIGNATURE

Arnold Lawrence Daly M.D.

23b. ADDRESS

Cuthman Hosp

23c. DATE SIGNED

5-24-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

5-27-53

24c. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM

24d. LOCATION (City, town, or county)

7401 GERMAN HILL RD, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 26 1953

REGISTRAR'S SIGNATURE

Huntington Watson, M.D.

25. FUNERAL DIRECTOR

**901 S. CONKLING ST
BALTO, 24, MD.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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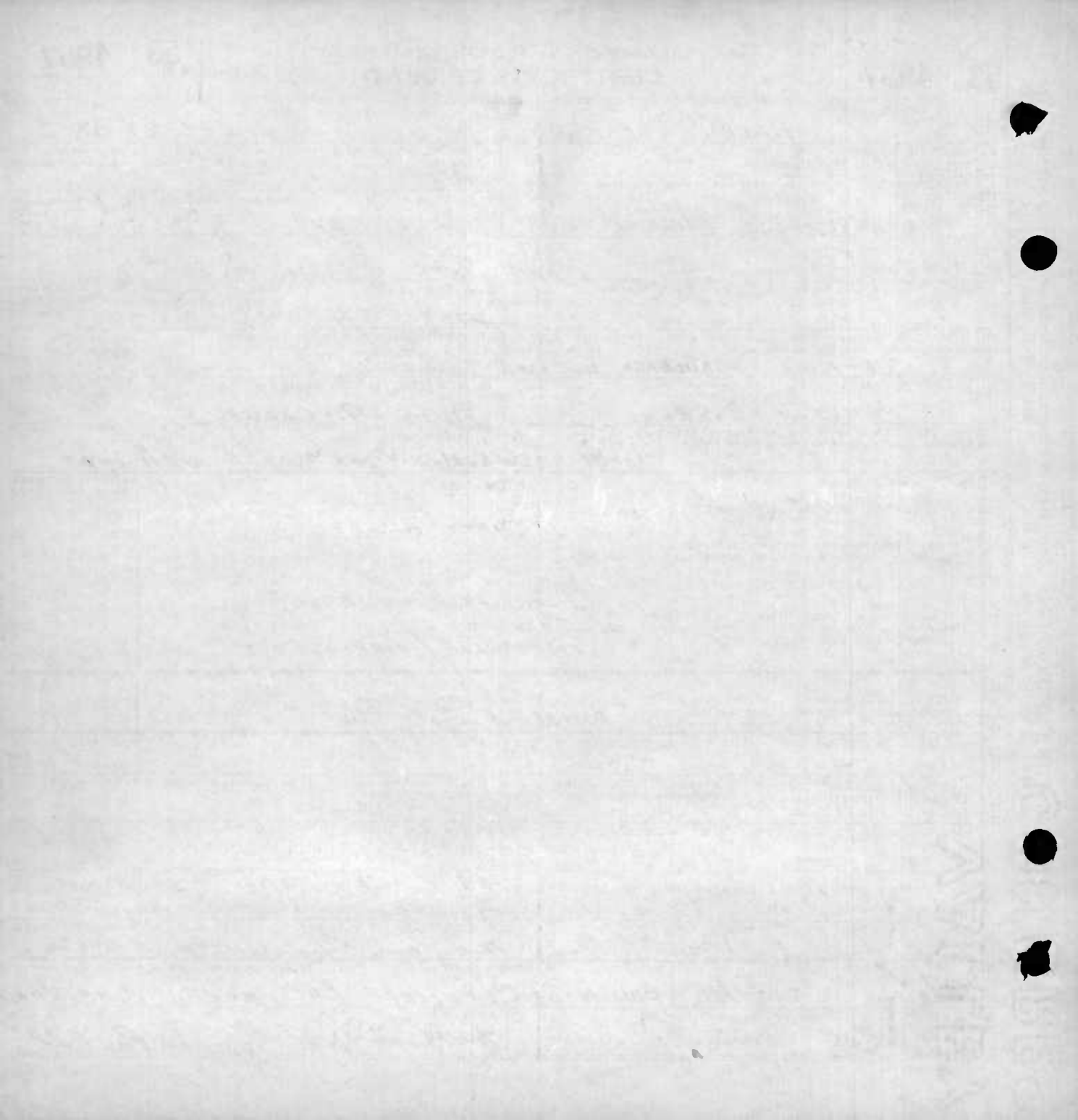
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4957**BIRTH NO. **53 4957**

1. NAME OF DECEASED (Type or Print) HARRY LEE ROHRER			2. DATE OF DEATH 5-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY - Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5253		
c. Length of stay in Baltimore 52 Yrs. 52 Mos. 52 Days			O. STREET ADDRESS (If rural, give location) 7007 RAILWAY AVE #12		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH SEPT 8 1864	9. AGE (In years last birthday) 88	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY STATIONARY ENGINEER	11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME MARTIN ROHRER			14. MOTHER'S MAIDEN NAME ALICE McCARDEL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service) ?		16. SOCIAL SECURITY NO. 218-09-4754	17. INFORMANT ADDRESS EVELYN KROUS, 7007 RAILWAY AVENUE		
18. 433.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CARDIAC FAILURE DUE TO (B) ARICULAR FIBRILLATION (C) GENERALIZED ARTERO SCLEROSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. TOXEMIA GENERALIZED ARTERO SCLEROSIS					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CANCER OF BOTH FEET					
19A. DATE OF OPERATION 5-27-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-28 , 1953, to 5/24 , 1953, that I last saw the deceased alive on 5/24 , 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.					
23A. SIGNATURE John D. Mitchell		23B. ADDRESS Maryland General Hosp.		23C. DATE SIGNED 5-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/27/53		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY	
24D. LOCATION (City, town, or county) BALTIMORE, MARYLAND		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Wm. A. Cook, Inc.		24H. ADDRESS 217 St Paul St.		24I. DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-300
53 4958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4958
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Dorothy C. Wade		2. DATE OF DEATH May 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1161 Gorsuch Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1161 Gorsuch Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 23, 1879	9. AGE (in years last birthday) 74	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME John N. Coonan		14. MOTHER'S MAIDEN NAME Catherine Gross			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Richard J. Wade, 1145 Gorsuch Avenue	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Arteriosclerotic Cardio Vascular Disease DUE TO Arteriosclerotic Cardio Vascular Disease DUE TO Arteriosclerotic Cardio Vascular Disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 days 3 yrs.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-May , 19 53 to 26-May , 19 53 that I last saw the deceased alive on 25-May , 19 53 , and that death occurred at 11:58 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Oliver E. Edwards		23B. ADDRESS 2746 The Alameda		23C. DATE SIGNED 26-May-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/29/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Thurston Walling, M. J. M. Cook & Co., Inc., 1217 St. Paul St.			

...

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4959

C-500
53 4959 53-03017

1. NAME OF DECEASED (Type or Print)		SHARON CONWAY		2. DATE OF DEATH May 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		D. STREET ADDRESS (If rural, give location) 421 Oxford Street		11-04	
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX Female		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb-8-1953		9. AGE (in years, last birthday) 4 mo.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Leigh Hunt Conway		14. MOTHER'S MAIDEN NAME Elizabeth Bradford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Elizabeth Conway	
18. 391.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Otitis media, acute DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/27/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Earl Gilmore		24H. ADDRESS 519 Market St.		24I. V S 151	

CT26 80

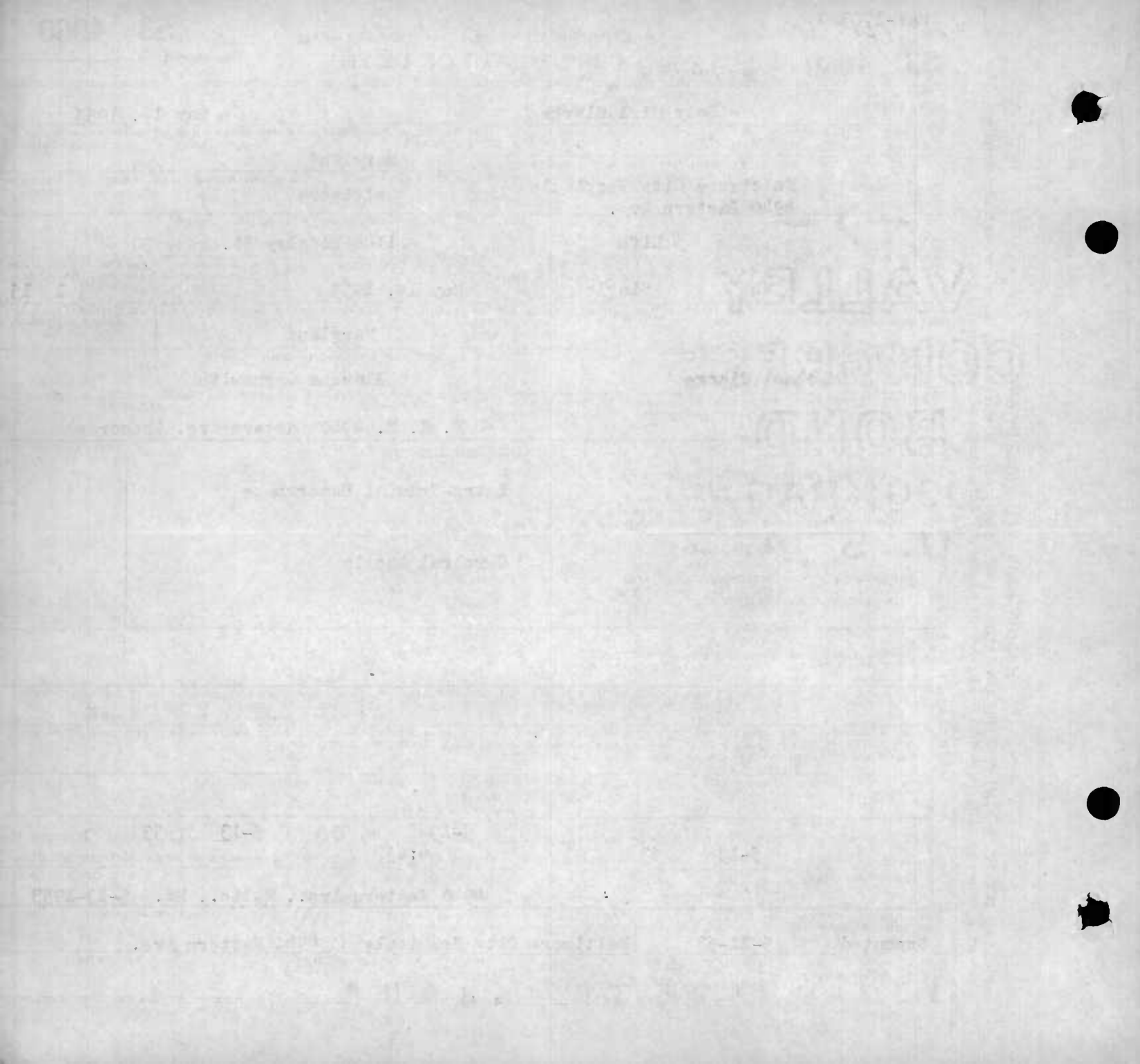
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1900

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-170329 53-462		BALTIMORE CITY HEALTH DEPARTMENT		53 4960	
BIRTH NO. 4960		53-10742		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. REGISTERED NO.	
Baby Girl Clarke		May 13, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		A. STATE Maryland		B. COUNTY	
C. LENGTH OF STAY IN BALTIMORE Life		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 1140 Ridgely St. zone 30	
5. SEX F	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 13, 1953	9. AGE (In years last birthday)	10. MONTHS, DAYS, HOURS, MIN.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Michael Clarke		14. MOTHER'S MAIDEN NAME Blanche Chenowith		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. 4940 Eastern Ave. (records)	
18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) INTRA-CRANIAL HEMORRHAGE		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cerebral Anoxia			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-13, 1953 to 5-13, 1953, that I last saw the deceased alive on 5-13, 1953, and that death occurred at 6:05 p. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 5-13-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 5-21-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) 4940 Eastern Ave.		24E. LOCATION (State) Maryland		25. FUNERAL DIRECTOR Huntington [Signature]	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953		REGISTRAR'S SIGNATURE Huntington [Signature]		25. FUNERAL DIRECTOR ADDRESS 4030	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-17433-600

53 4961

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 4961

1. NAME OF DECEASED
(Type or Print)

Baby Girl Cherry

2. DATE
OF
DEATH

May 22-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1520 Riggs Ave. zone 17

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

May 18-1953

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

4

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Stewart

14. MOTHER'S MAIDEN NAME

Elizabeth Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT 4940 Eastern Ave. ADDRESS
Records: Baltimore City Hospitals

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

TH.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18-1953 to 5-22-1953 that I last saw the
deceased alive on 5-22-1953, and that death occurred at 3:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Harrison

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

5-22-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

5-23-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals
disposal

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

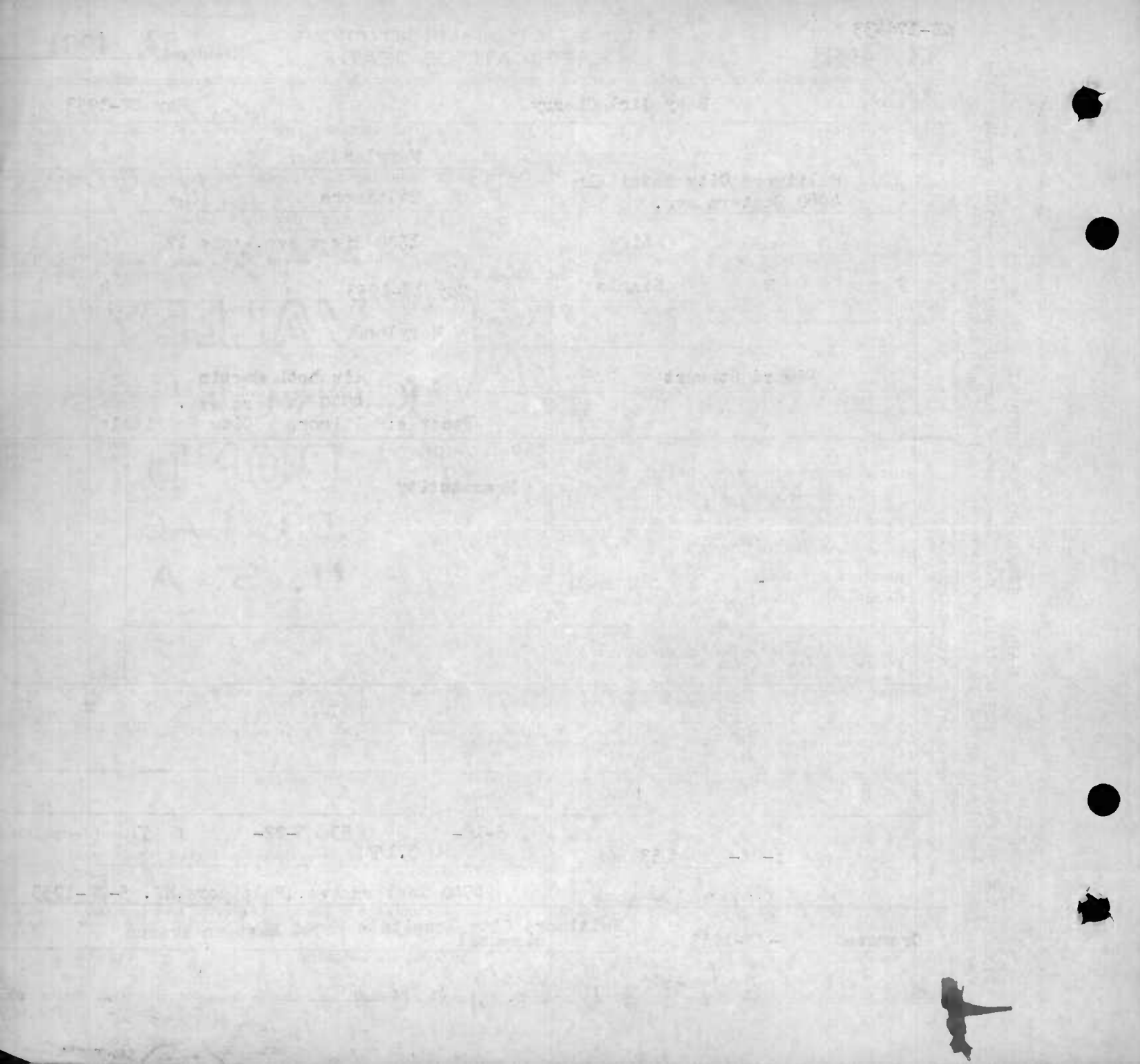
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4962

BIRTH NO. 53-10106

1. NAME OF DECEASED
(Type or Print)

Baby Boy Zaranoski

2. DATE
OF
DEATH

5/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD

B. COUNTY

BALTIMORE

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

812 S. Glover St #24

c. Length of stay in Baltimore

36 hrs.

Mss.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5/5/53

9. AGE (in years
last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

36

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANK

14. MOTHER'S MAIDEN NAME

Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Father

ADDRESS

18. 759.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Multiple Congenital Anomalies

ANTECEDENT CAUSES

(B)

DUE TO

1) Bilateral club feet & hands
2) Mongolian
3) Cryptorchidism
4) Atelectasis
etcDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6/1953 to 5/5/1953 that I last saw the
deceased alive on 5/5/1953, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rean Downey

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

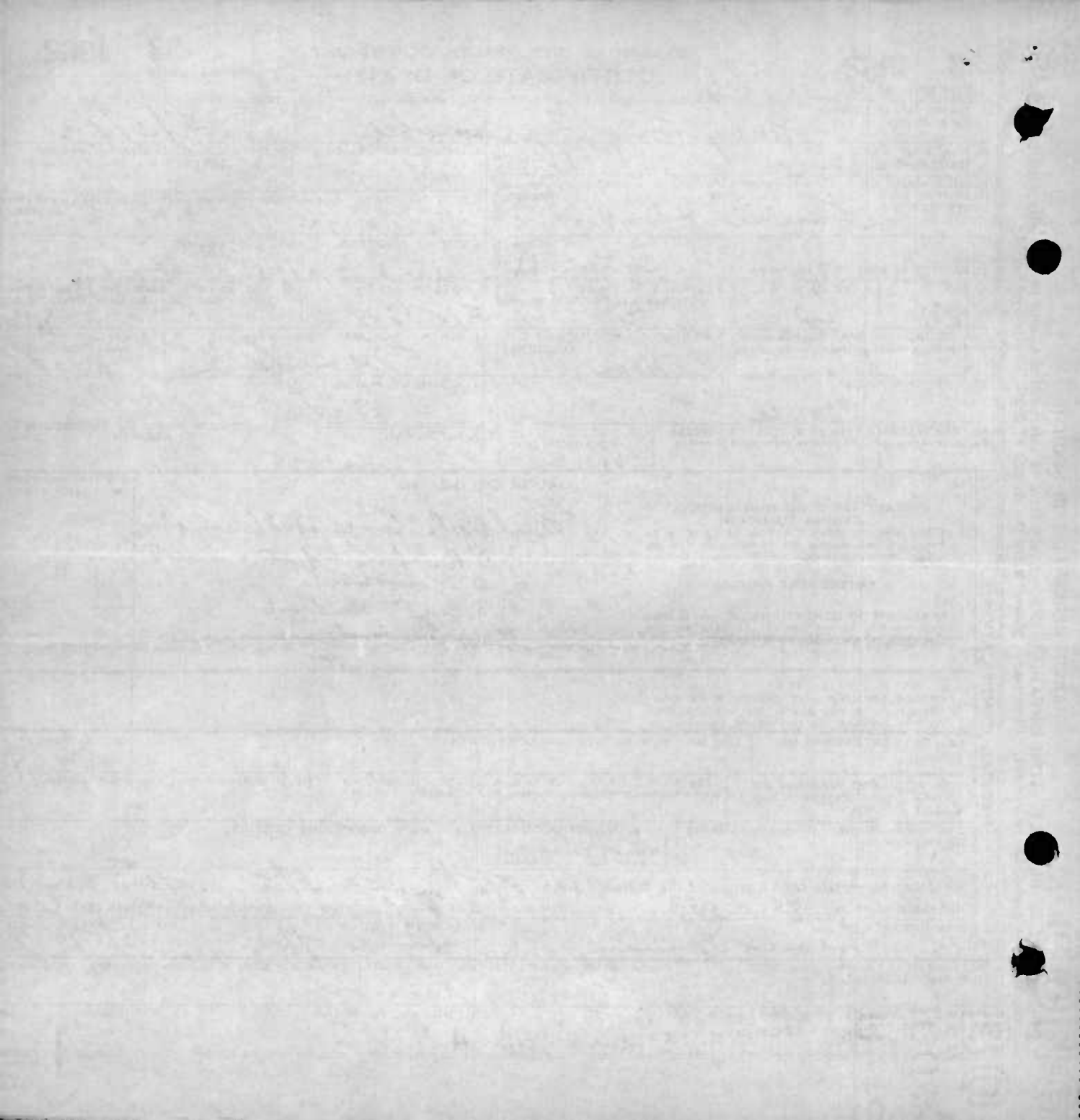
MAY 26 1953

Huntington-Wallace, Md. 4960

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4963

BIRTH NO. 53-11489

1. NAME OF DECEASED
(Type or Print)

Infant of Thelma Shorts

(629766)

2. DATE
OF
DEATH

May 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write full name of city and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2519 Madison Avenue - 17

c. Length of stay in Baltimore

Infant

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 18, 1953

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

2

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Shorts

14. MOTHER'S MAIDEN NAME

Thelma Kenny

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Hospital Records

ADDRESS

18.

776x I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Immaturity*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953 to May 18, 1953, that I last saw the
deceased alive on May 18, 1953 and that death occurred at 8.00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

The Johns Hopkins Hospital

23C. DATE SIGNED

5/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 26 1953

Huntington Williams, M.D.

4961

102-51-2-17

22

4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 4964**BIRTH NO. **53 4964** **93-11284**

1. NAME OF DECEASED (Type or Print) Infant of Elizabeth Benjamin (539786)			2. DATE OF DEATH May 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
c. Length of stay in Baltimore Infant Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2805 West North Avenue - 16		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 12, 1953	9. AGE (in years last birthday)	If Under 1 Year Months: Days 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY -			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Hans W. Benjamin			14. MOTHER'S MAIDEN NAME Elizabeth Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Records			ADDRESS		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Immaturity (A) DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 12, 1953 to May 13, 1953 , that I last saw the deceased alive on May 13, 1953 , and that death occurred at 1.00 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John A. Leonard M. D.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 5/15/53	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Forest Burial	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR 4 5 6	

1874-21.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

W-43254. Prem Bur.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4965

BIRTH NO. 53-11357

1. NAME OF DECEASED (Type or Print) *Baby Esrl Wilson*

2. DATE OF DEATH *May 19, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md*
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-01

7. STREET ADDRESS (If rural, give location)
1204 Laurens St.

8. Length of stay in Baltimore
Yrs. Mos. Days

9. SEX *Female*

10. COLOR OR RACE *Colored*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *5-19-53*

13. AGE (In years, last birthday) *8*

14. If Under 1 Year Months Days Hours Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country) *md*

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME *3*

20. MOTHER'S MAIDEN NAME *Merrisa*

21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

22. SOCIAL SECURITY NO.

23. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

24. CAUSE OF DEATH

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *prematurity*

26. ANTECEDENT CAUSES

27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

29. DATE OF OPERATION *0*

30. CONDITION FOR WHICH OPERATION WAS PERFORMED

31. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

32. AUTOPSY? YES ☐ NO ☐

33. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

36. TIME (Month) (Day) (Year) (Hour) OF INJURY

37. INJURY OCCURRED WHILE AT WORK ☐ HOT WHILE AT WORK ☐

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from *5-19*, 19*53*, to *5-19*, 19*53*, that I last saw the deceased alive on *5-19*, 19*53*, and that death occurred at *9:40* m., from the causes and on the date stated above.

40. SIGNATURE *David Martin* M. O.

41. ADDRESS *JOHNS HOPKINS HOSPITAL*

42. DATE SIGNED *May 21, 1953*

43. BURIAL, CREMATION, REMOVAL (Specify)

44. DATE

45. NAME OF CEMETERY OR CREMATORY *Hope Disposal*

46. LOCATION (City, town, or county) (State)

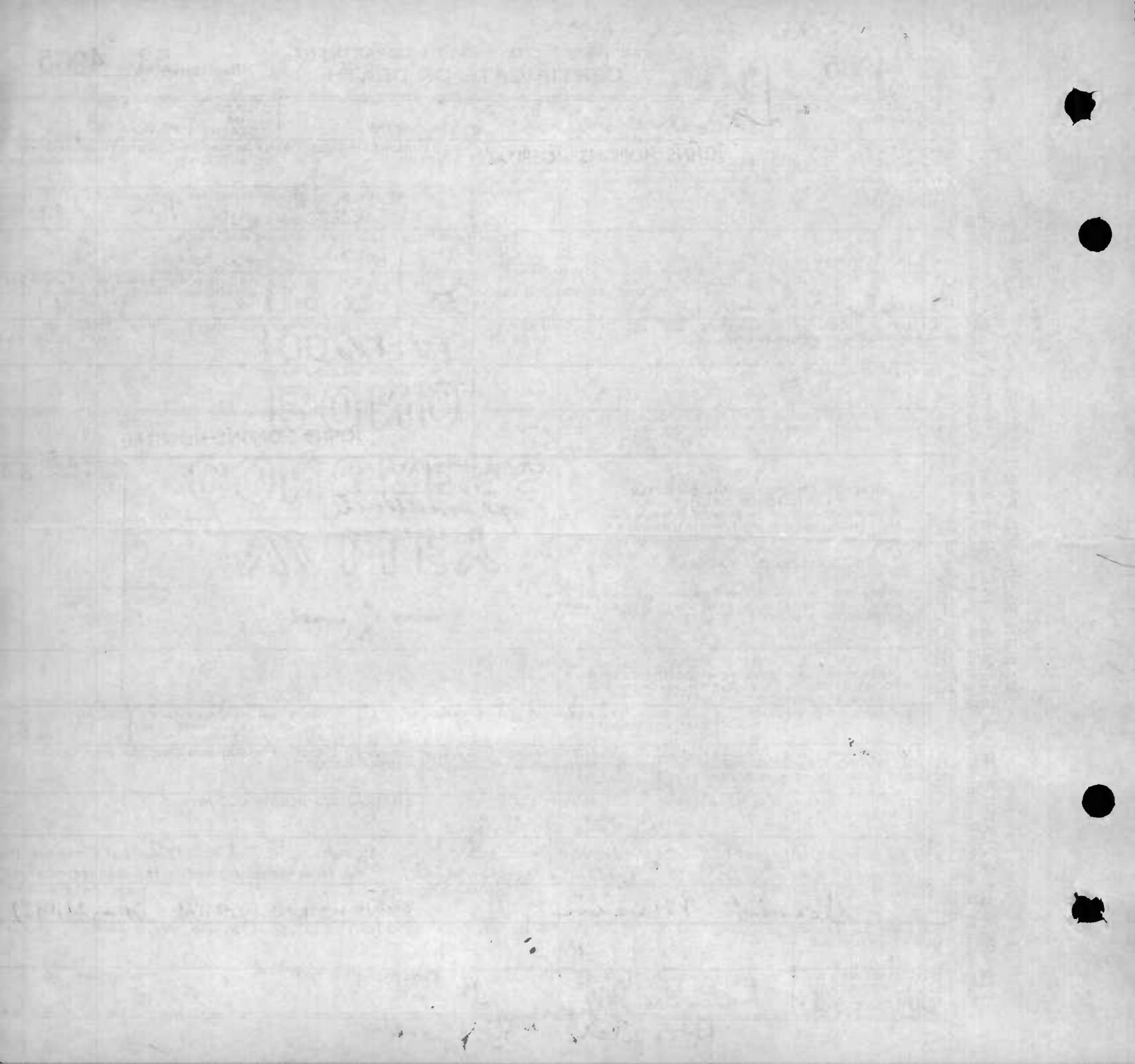
47. DATE RECEIVED BY LOCAL REGISTRAR *MAY 26 1953*

48. REGISTRAR'S SIGNATURE *Huntington Williams*

49. FUNERAL DIRECTOR *Hospital Disposal*

50. ADDRESS

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-216

53 4966-53-11488

BALTIMORE CITY HEALTH DEPARTMENT

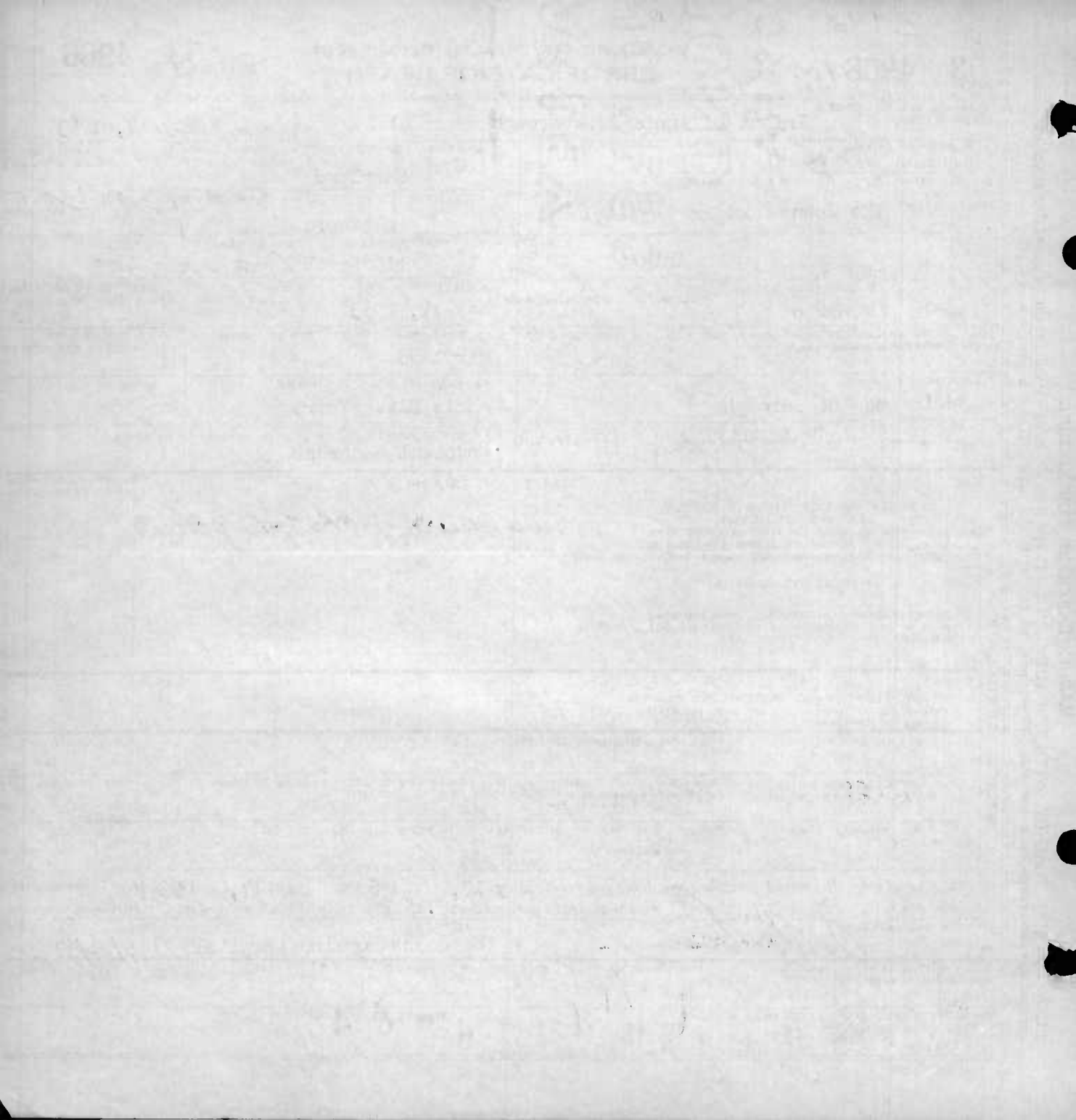
CERTIFICATE OF DEATH

53 4966

Registered No.

1. NAME OF DECEASED (Type or Print)		Infant of Annie Roseborough (524121)		2. DATE OF DEATH May 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 119 North Mount Street - 23	
c. Length of stay in Baltimore Infant		Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 17, 1953	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Eddie Lee Roseborough		14. MOTHER'S MAIDEN NAME Annie Eliza Furr		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Records	
18. 761.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Senility, + abruptio placentae			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 17, 1953, to May 17, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 9.15 Pm., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 5/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hopk Personal	
24D. LOCATION (City, town, or county)				(State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR [Signature]	
				ADDRESS	

VS 150



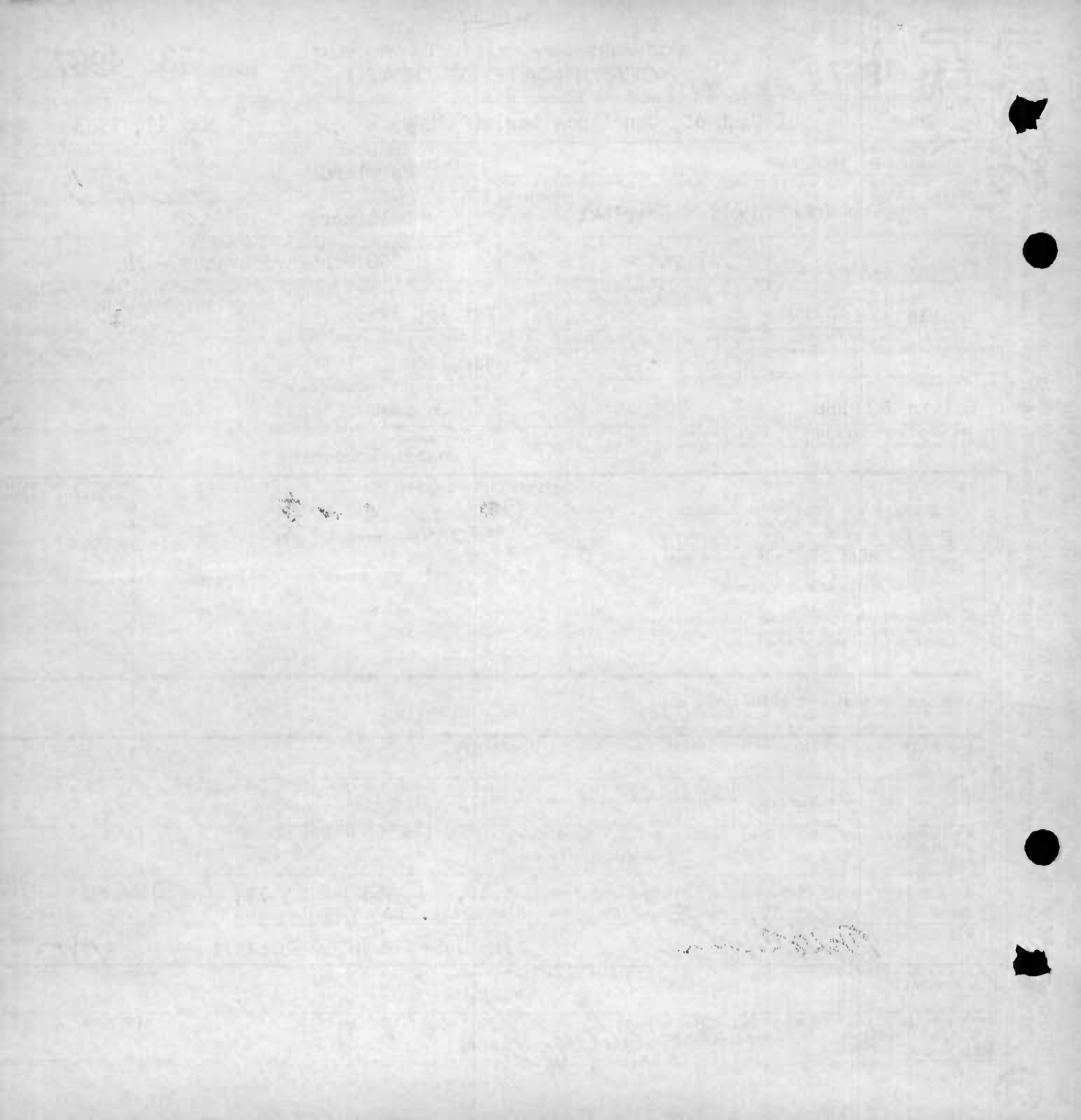
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 53 1967 53-11487 CERTIFICATE OF DEATH

Registered No. 53 1967

1. NAME OF DECEASED (Type or Print) Infant of Constance Lewis(272429)			2. DATE OF DEATH May 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and township) Baltimore		
C. Length of stay in Baltimore 17 years			D. STREET ADDRESS (If rural, give location) 206 Montford Avenue - 24		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 16, 1953	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Calvin Jackson			14. MOTHER'S MAIDEN NAME Constance Lewis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Immaturity</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 16, 1953, to May 17, 1953 that I last saw the deceased alive on May 17, 1953 and that death occurred at 3.21 A.M., from the causes and on the date stated above.			
23A. SIGNATURE <i>Dr. P. Leon</i>		23B. ADDRESS The Johns Hopkins Hospital	23C. DATE SIGNED 5/21/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Not Reported</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. 53 4968		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4968	
1. NAME OF DECEASED (Type or Print) Robert Weedem			2. DATE OF DEATH 5-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 19-0		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1508 Vane St			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX M.	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (in years last birthday) 76	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Work		10B. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) Richmond Va		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Laura Weedem 1508 Vane St		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/29/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Zion	24D. LOCATION (City, town, or county) (State) Landsdown - Baltimore		
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Metropolitan Funeral Home Inc 1949 Edmondson Ave.			

Page 27

RECEIVED BY

1908

[Faint, illegible handwriting on lined paper]

53 4969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4969
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL

COHEN

2. DATE
OF
DEATH

5-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Levindale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

5504 Jougoull Ave

c. Length of stay in Baltimore

40

Yrs.
Moor
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work, or state most of work in life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

junk

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Berel

14. MOTHER'S MAIDEN NAME

Ann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ladys Moraw-2324 Koko Lane

18. 332X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebral thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22-1953, to 5-26-1953, that I last saw the
deceased alive on 5-26-1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry Nagel

M. D.

Levindale Home

5-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5-27-53

Mt Carmel

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

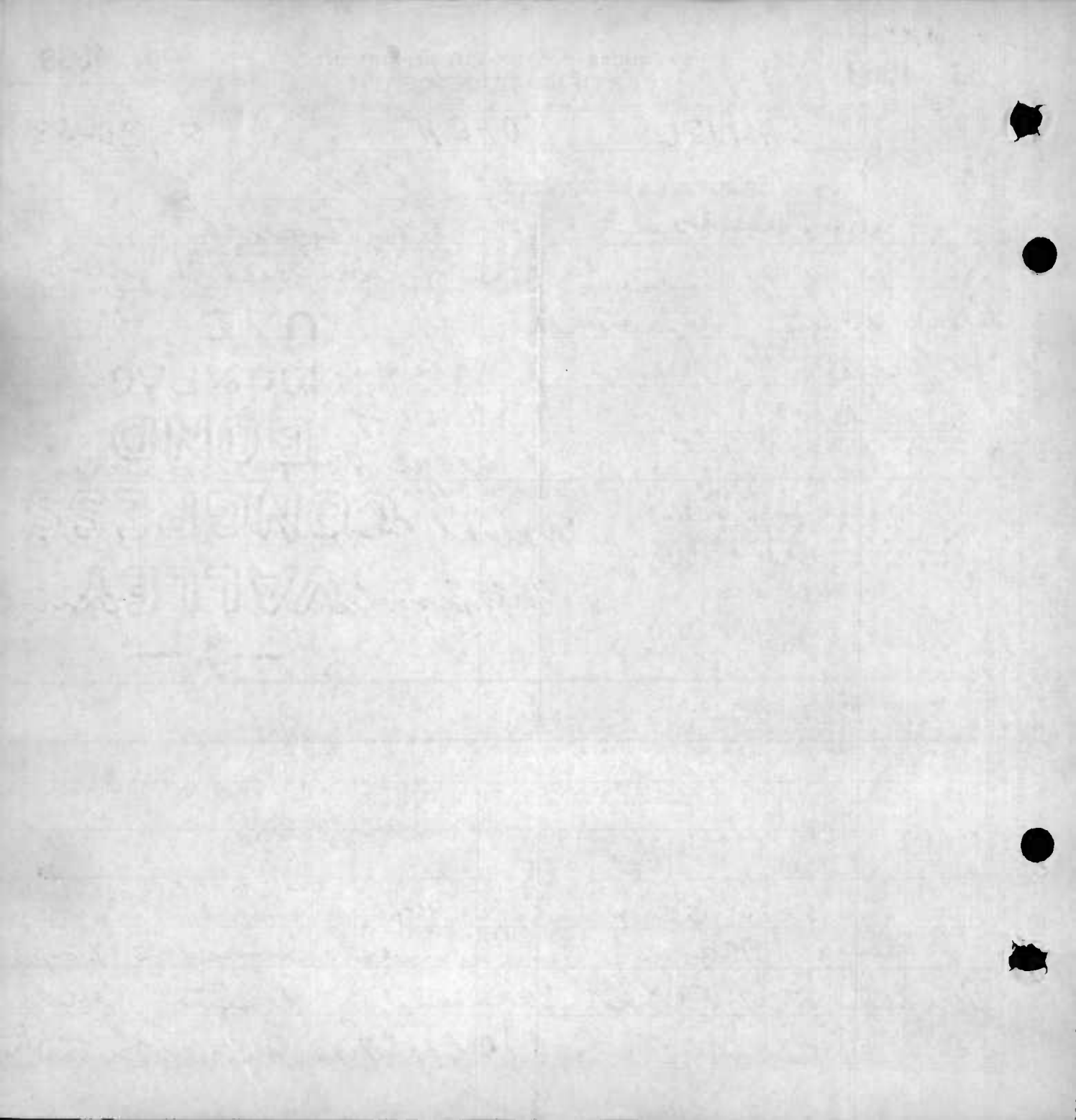
ADDRESS

5/27/53

Huntington Williams

Jack Lewis

3100 Cutaw



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4970BIRTH NO. 53 49701. NAME OF DECEASED
(Type or Print)EPHRAIM H. HUDGES2. DATE
OF
DEATH5-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION3500 Ellamont Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-11

D. STREET ADDRESS (If rural, give location)

3500 Ellamont Rd

c. Length of stay in Baltimore

20

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Romania12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lach

14. MOTHER'S MAIDEN NAME

Ethel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Pauline Hudes - Laure18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary thrombosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

deceased alive on May 23, 1953 and that death occurred at 11:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. Perry
2022
la 3 485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4971BIRTH NO. 53 49711. NAME OF DECEASED
(Type or Print)Sarah Rebecca Muller2. DATE
OF
DEATHMay 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore15-12

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3647 Park Heights Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 4, 1889

9. AGE (In years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

tailor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Joseph Goldclerk (ex)

14. MOTHER'S MAIDEN NAME

Bella Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

nono

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. Julius Muller 3301 Bayne Ave18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Myocardial Infarction

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from May 25, 1953 to May 25, 1953 that I last saw the deceased alive on May 25, 1953 and that death occurred at 6:45 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Mary Louise O'Jaff

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

May 25, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-27-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

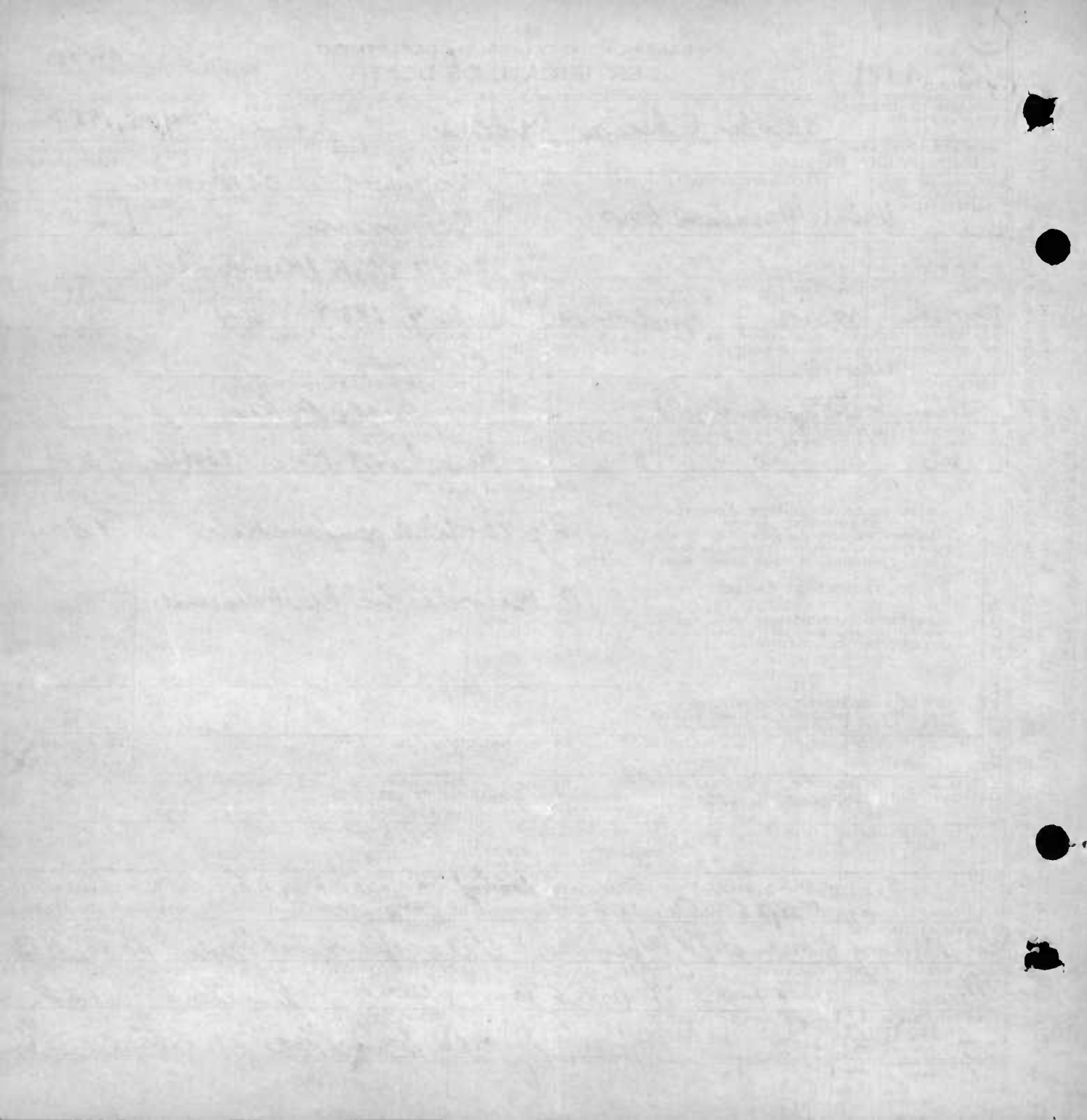
2100 Canton Rd

VS 150

59046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1972

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)KATE GROUND2. DATE
OF
DEATH5-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONMt Sinai Home4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)MdC. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)Baltimore 27-16

O. STREET ADDRESS (If rural, give location)

4613 Park Heights Ave

c. Length of stay in Baltimore

55 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)75If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)House wife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Prussia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN-NAME

Fannie15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ester Hoff - 4017 Oakford Ave18. 490xDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Smileteriosclerosis
of coronary occlusionINTERVAL BETWEEN
ONSET AND DEATH15 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Left pleurisy & lobar
pneumonia3 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1953, to May 25, 1953, that I last saw the
deceased alive on May 25, 1953, and that death occurred at 10:47 m., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Levin

M. O.

23B. ADDRESS

218 E. University Pl

23C. DATE SIGNED

May 26, 195324. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-27-53

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Balto

(State)

MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Jack Levin

25. FUNERAL DIRECTOR

Jack Levin

ADDRESS

3100 Canton Pl

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4973

BIRTH NO. 53 4973

1. NAME OF DECEASED (Type or Print) PEARL J. MANDEL		2. DATE OF DEATH 5-26-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5438 Preece Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-18	
c. Length of stay in Baltimore 53 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5438 Preece Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH
9. AGE (In years last birthday) 74		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Hershel		14. MOTHER'S MAIDEN NAME Leah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rose Feldman		ADDRESS same	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ARTERIO-SCLEROTIC CVD Disease with cerebral hemorrhages	(A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO Repeated Cerebral Hemorrhages	3 years
	(C) DUE TO Cerebral Hemorrhage	1 hour
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945 to 5/26/53 , that I last saw the deceased alive on May 19, 1953 and that death occurred at 3:47 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Samuel...		23B. ADDRESS 4603 PKH Lane		23C. DATE SIGNED 5-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-27-53		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 2100 Gatan Rd	

Newstock
4603 Park Hq to
he 2-5390
10 A/M

3 A1

53 4874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4874

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM (WILLIE)

CARTER

2. DATE
OF
DEATH

May 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

245 Dallas Court

c. Length of stay in Baltimore

25 YRS

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5-13-1901

AGE (in years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

TERMINAL WAREHOUSE

11. BIRTHPLACE (State or foreign country)

LYNCHBURG, VA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

P

14. MOTHER'S MAIDEN NAME

ELIZA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WORLD WAR I

16. SOCIAL
SECURITY NO.

17. INFORMANT

BESSIE CARTER 245 DALLAS CT.

18. E903.8 and 322.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

(B) Subdural and extradural hematoma

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Orleans St. about 35' west of Bond St.21D. TIME (Month) (Day) (Year) (Hour)
of INJURY
May 23, 1953 9:00 P.m.21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒21F. HOW DID INJURY OCCUR?
Apparently fell to ground while drunk22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ May 26, 1953
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-29-53

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

5501 Frederick AVE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Joseph E. Locks Jr.

ADDRESS

1304 N. Central Ave

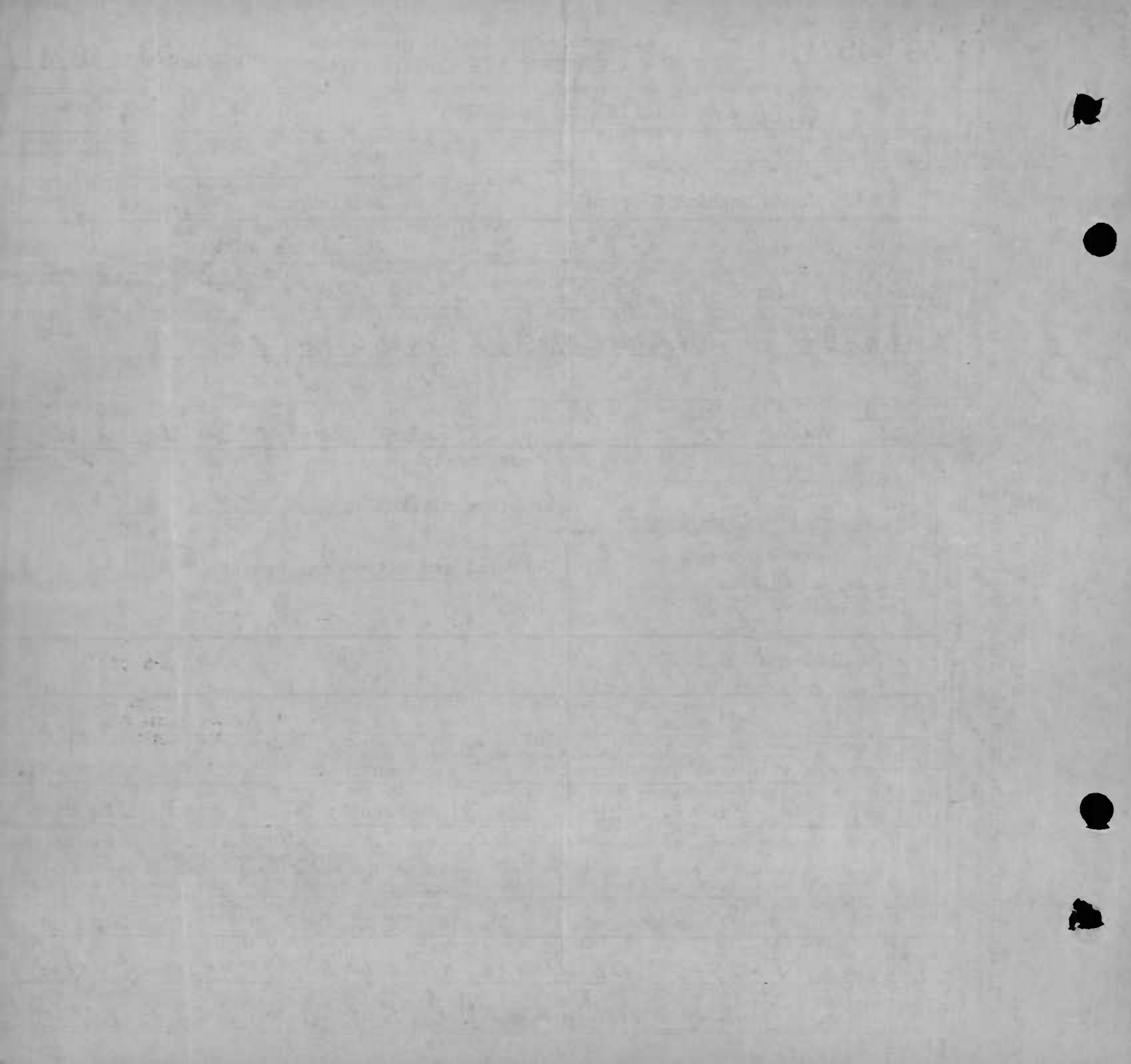
VS 151

N 803.2

97053

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 4975
Registered No.

53 4975
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Joseph Steinberg</u>		2. DATE OF DEATH <u>5/27/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Sinai Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>15-12</u>	
C. Length of stay in Baltimore <u>39</u> Yrs. <u>15</u> Days		D. STREET ADDRESS (If rural, give location) <u>3709 Townsend Ave</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>76</u>
9. AGE (in years last birthday) <u>76</u>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	
11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Bernard</u>		14. MOTHER'S MAIDEN NAME <u>Joyce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Alabern Steinberg</u>		ADDRESS <u>2900 Portrose Ave</u>	

18. <u>E902.7</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u>		CAUSE OF DEATH (A) <u>Pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Two days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Fracture of right hip</u>		(B) <u>Fracture of right hip</u>	<u>22 days</u>
		(C)	

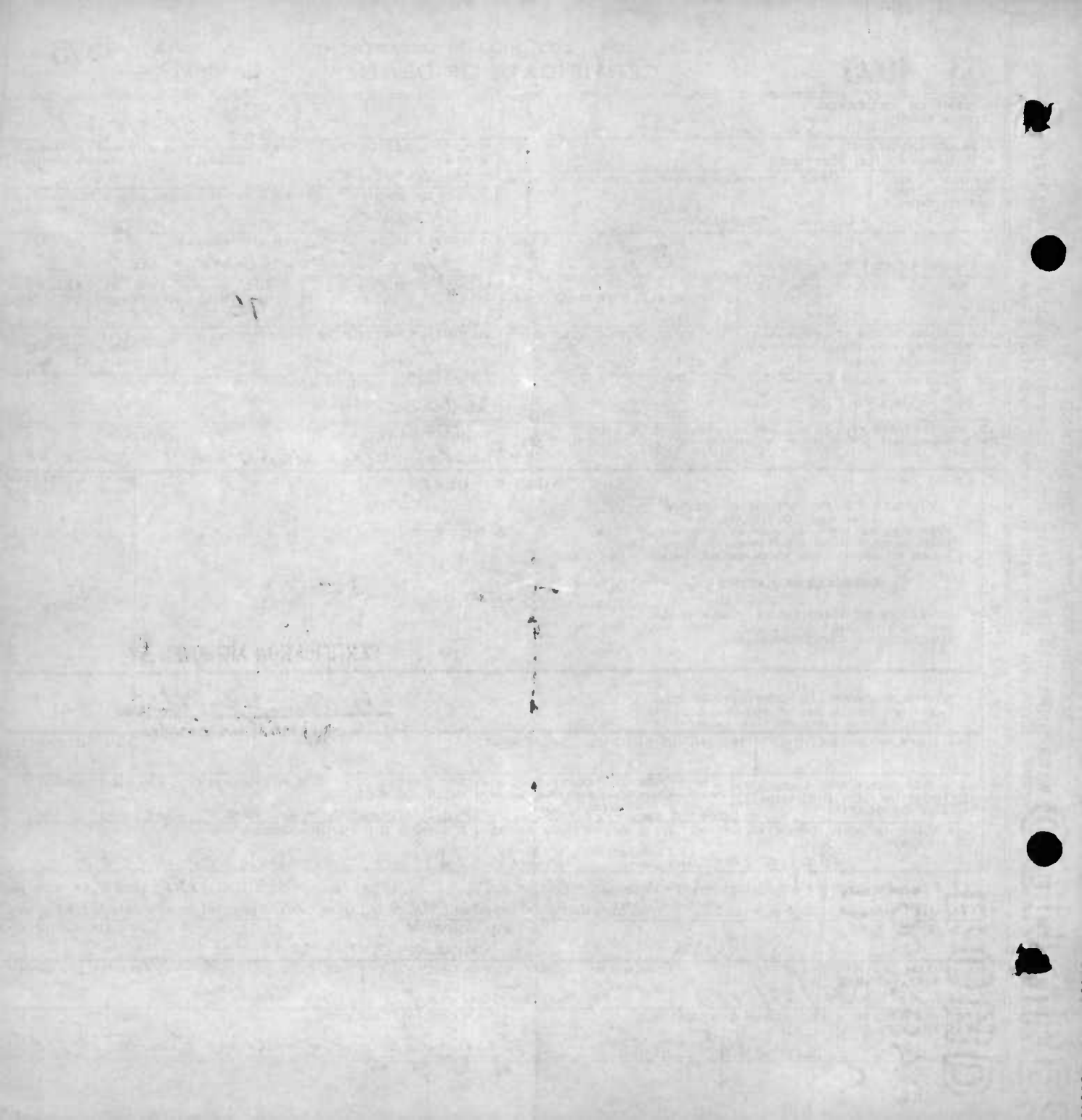
CERTIFICATION APPROVED BY

William H. [Signature] M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>old age home</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Belvedere - Green Spring Ave.</u>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 5, 1953 m.</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>tell out of bed to floor</u>		
22. I hereby certify that I attended the deceased from <u>5/6</u> , 19 <u>53</u> , to <u>5/27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/26</u> , 19 <u>53</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>Louis S. [Signature]</u>		23B. ADDRESS <u>Sinai Hospital</u>		23C. DATE SIGNED <u>5/27/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5/27/1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	24D. LOCATION (City, town, or county) <u>Balto</u>	(State) <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>May 27 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Louis Inc - 2100 Eutan Pl</u>		

VS 150

N820.0



6/27/60

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Cemetery Officer		15. Signature of Funeral Home	
16. Signature of Undertaker		17. Signature of Burial Officer		18. Signature of Cemetery Officer	
19. Signature of Funeral Home		20. Signature of Undertaker		21. Signature of Burial Officer	
22. Signature of Cemetery Officer		23. Signature of Funeral Home		24. Signature of Undertaker	
25. Signature of Burial Officer		26. Signature of Cemetery Officer		27. Signature of Funeral Home	
28. Signature of Undertaker		29. Signature of Burial Officer		30. Signature of Cemetery Officer	
31. Signature of Funeral Home		32. Signature of Undertaker		33. Signature of Burial Officer	
34. Signature of Cemetery Officer		35. Signature of Funeral Home		36. Signature of Undertaker	
37. Signature of Burial Officer		38. Signature of Cemetery Officer		39. Signature of Funeral Home	
40. Signature of Undertaker		41. Signature of Burial Officer		42. Signature of Cemetery Officer	
43. Signature of Funeral Home		44. Signature of Undertaker		45. Signature of Burial Officer	
46. Signature of Cemetery Officer		47. Signature of Funeral Home		48. Signature of Undertaker	
49. Signature of Burial Officer		50. Signature of Cemetery Officer		51. Signature of Funeral Home	
52. Signature of Undertaker		53. Signature of Burial Officer		54. Signature of Cemetery Officer	
55. Signature of Funeral Home		56. Signature of Undertaker		57. Signature of Burial Officer	
58. Signature of Cemetery Officer		59. Signature of Funeral Home		60. Signature of Undertaker	
61. Signature of Burial Officer		62. Signature of Cemetery Officer		63. Signature of Funeral Home	
64. Signature of Undertaker		65. Signature of Burial Officer		66. Signature of Cemetery Officer	
67. Signature of Funeral Home		68. Signature of Undertaker		69. Signature of Burial Officer	
70. Signature of Cemetery Officer		71. Signature of Funeral Home		72. Signature of Undertaker	
73. Signature of Burial Officer		74. Signature of Cemetery Officer		75. Signature of Funeral Home	
76. Signature of Undertaker		77. Signature of Burial Officer		78. Signature of Cemetery Officer	
79. Signature of Funeral Home		80. Signature of Undertaker		81. Signature of Burial Officer	
82. Signature of Cemetery Officer		83. Signature of Funeral Home		84. Signature of Undertaker	
85. Signature of Burial Officer		86. Signature of Cemetery Officer		87. Signature of Funeral Home	
88. Signature of Undertaker		89. Signature of Burial Officer		90. Signature of Cemetery Officer	
91. Signature of Funeral Home		92. Signature of Undertaker		93. Signature of Burial Officer	
94. Signature of Cemetery Officer		95. Signature of Funeral Home		96. Signature of Undertaker	
97. Signature of Burial Officer		98. Signature of Cemetery Officer		99. Signature of Funeral Home	
100. Signature of Undertaker		101. Signature of Burial Officer		102. Signature of Cemetery Officer	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF/170409		BALTIMORE CITY HEALTH DEPARTMENT		53	1977
BIRTH NO. 53 4977		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Caroline Snyder			2. DATE OF DEATH May 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 704 Preston St. zone 2		
5. SEX F	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH July 19, 1874	9. AGE (In years last birthday) 78 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Coffin			14. MOTHER'S MAIDEN NAME Emma Slaysman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave.) records)	
18. 159X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatosis of the DUE TO G. I. Tract, Primary Site Undertermined ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 5-16		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-16 , 19 53 , to 5-26 , 19 53 that I last saw the deceased alive on 5-26 , 19 53 and that death occurred at 11:05A. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Van		23B. ADDRESS 4940 Eastern Ave., Bal to Md.		23C. DATE SIGNED 5-26-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/29/53		24C. NAME OF CEMETERY OR CREMATORY Louisa Park	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE H. J. Van	
24G. FUNERAL DIRECTOR Philip Herwig Sons		24H. ADDRESS 2024 Orleans St		24I. DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1953	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NY 1-100

1917

1917

1917

Name of Deceased		Sex		Age	
Date of Death		Place of Death		Cause of Death	
Manner of Death		Occupation		Education	
Residence		Birthplace		Date of Birth	
Signature of Physician		Signature of Registrar		Signature of Coroner	
Signature of Medical Examiner		Signature of Pathologist		Signature of Anatomist	
Signature of Surgeon		Signature of Dentist		Signature of Pharmacist	
Signature of Nurse		Signature of Midwife		Signature of Undertaker	
Signature of Burial Officer		Signature of Cemetery		Signature of Funeral Home	
Signature of Health Officer		Signature of Board of Health		Signature of City Council	
Signature of Mayor		Signature of Governor		Signature of President	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

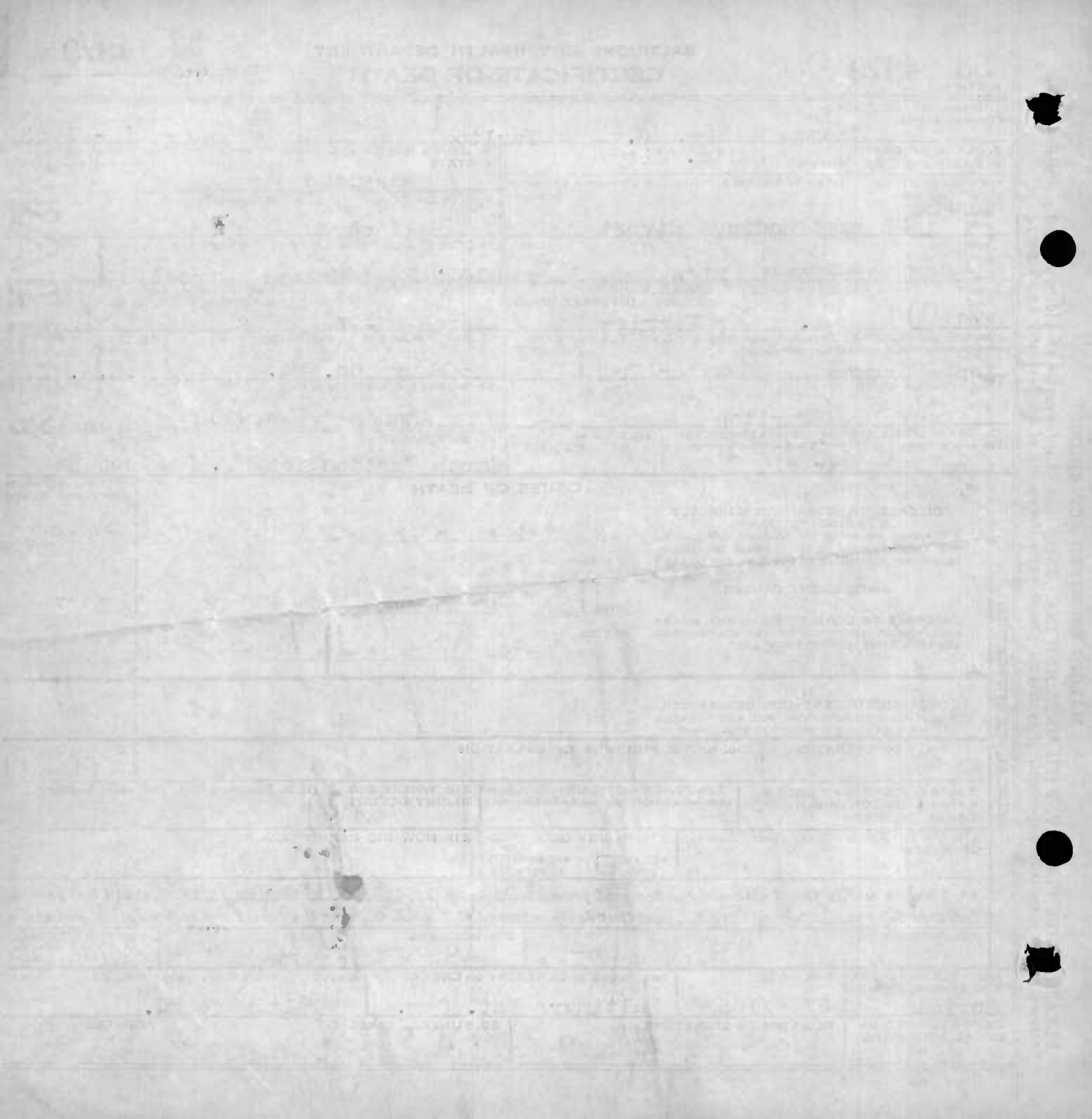
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Cleanora Hutchins</i>		2. DATE OF DEATH MAY 25 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>33</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Life time</i>		D. STREET ADDRESS (If rural, give location) <i>5920 Old Frederick Rd.</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1895-68-28</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Charles Dixon</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Montgomery</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>MYOCARDIAL INFARCTION</i>	
19. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-25-53</i> , to <i>5-25-53</i> , and that death occurred at <i>845 P</i> m., from the causes and on the date stated above					
23A. SIGNATURE <i>A. H. Owens, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 29-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Int. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto</i>		25. FUNERAL DIRECTOR <i>James A. Hayes</i>		ADDRESS, <i>638 N. 9th St.</i>	

THE NATIONAL ARCHIVES
COLLEGE PARK, MARYLAND
20540
SERIALS ACQUISITION
SECTION
1000 PENNSYLVANIA AVENUE, N.E.
WASHINGTON, D.C. 20540

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4979 Registered No.	
1. NAME OF DECEASED (Type or Print) Thomas G. Tarlton			2. DATE OF DEATH May - 25 - 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1622 East Madison Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1622 East Madison Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March-25-95		9. AGE (in years, last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		10B. KIND OF BUSINESS OR INDUSTRY Water Front	11. BIRTHPLACE (State or foreign country) St Marys Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Tarlton			14. MOTHER'S MAIDEN NAME Amanda Warwick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes War #1		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sarah Tarlton 1622 E. Madison St		
18. 026X and 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Coronary Atherosclerosis DUE TO (C) Post Coronary Vessel			INTERVAL BETWEEN ONSET AND DEATH 24 hr		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 15, 1953 , to May 25, 1953 , that I last saw the deceased alive on May 24, 1953 and that death occurred at 4:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 14225 [Address]		23C. DATE SIGNED 5/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/28/1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat. Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. REGISTRAR'S SIGNATURE [Signature]		24F. FUNERAL DIRECTOR'S ADDRESS William J. Brantley Ave	



F-563
53 4980FINNERTY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4980

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

C. CITY OR TOWN

O. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 540.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Pancreatitis.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Peptic ulcer.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1953, to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 7:59 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

07-2-1940

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
DIVISION OF VETERINARY MEDICINE
WASHINGTON, D. C.

10-10-40

Letter to the
Honorable
Chairman
of the
Committee
on
Veterinary
Medicine
and
Public
Health
U. S. House of
Representatives
Washington, D. C.

Dear Sirs:
I have the honor to acknowledge the receipt of your letter of the 10th inst. regarding the matter of the proposed amendment to the Federal Food, Drug, and Cosmetic Act, which would require the registration of all persons engaged in the practice of veterinary medicine.

I am sorry that I am unable to give you a more definite answer at this time, but the matter is being considered by the Department and the Bureau of Public Health.

I am, Sir, very respectfully,
Yours very truly,
Director

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

VS 150

1941 16
1941 16
1941 16

1941 16



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 4982**
53 4982

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

ELIZABETH KUZMICH

 2. DATE
OF
DEATH

May 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

Maryland

 B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

926 N. Broadway

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

926 N. Broadway

c. Length of stay in Baltimore

50 years

5. SEX

F

6. COLOR OR RACE

W

 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/12/1887

 9. AGE (In years
last birthday)

65

If Under 1 Year

Months

Days

Hours

Min.

 10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

 10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Lithuania

 12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter Plungis

14. MOTHER'S MAIDEN NAME

Agnes ?

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

 16. SOCIAL
SECURITY NO.

215-01-3181

 17. INFORMANT **926 N. Broadway** ADDRESS **5**
Mr. Wm. Kuzmick

18.

260X

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

 (This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Left Ventricular failure (pulm)
Cardio Vascular Renal Disease

ANTECEDENT CAUSES

(B)

DUE TO

Diabetes Mellitus

(C)

 INTERVAL BETWEEN
ONSET AND DEATH

1 day
known for
about 2 yrs

II

 OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐

 NO ☐

 21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

 21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

 21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

 WHILE AT
WORK ☐

 NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **May 5, 1948** to **25 May, 1953**, that I last saw the
deceased alive on **24 May, 1953**, and that death occurred at **12 A** m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Scherfel

M. D.

23B. ADDRESS

2145 E. Preston St

23C. DATE SIGNED

27 May

 24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/28/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

 DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

5-1-53 0 3

25. FUNERAL DIRECTOR

HENRY SANDERSON & SONS, INC.

ADDRESS

BALTO., 13, MD.
Sec. 7. Hanch

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

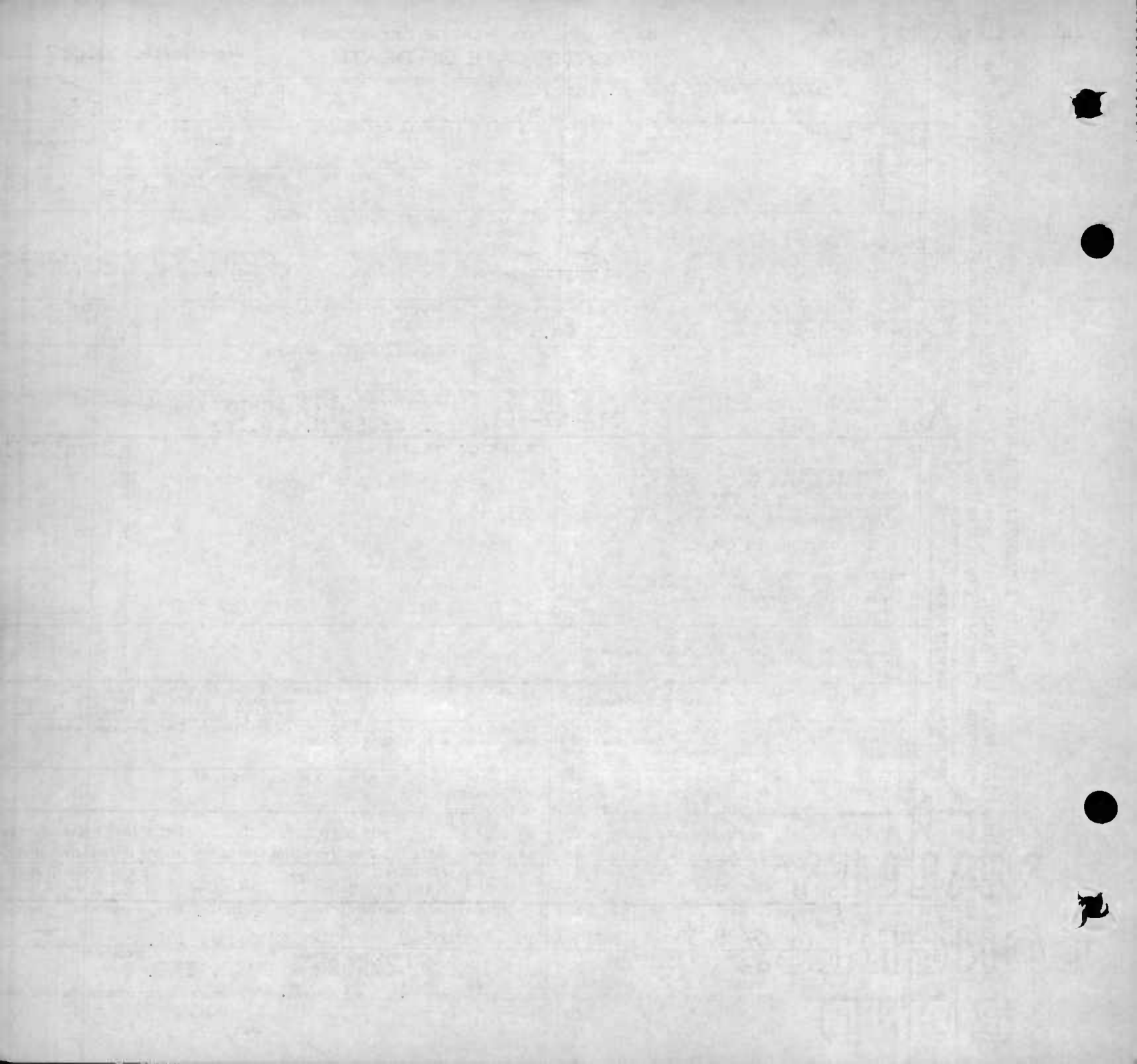
Registered No. 53 4983

BIRTH NO. 53 4983		1. NAME OF DECEASED (Type or Print) MICHAEL N. HELFER HELPER, MICHAEL N.		2. DATE OF DEATH 5/24/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 8-01#13	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIV. HOSPITAL		D. STREET ADDRESS (If rural, give location) 3102 LAWNVIEW AVE		E. DATE OF BIRTH 6/17/96	
c. Length of stay in Baltimore Life		F. AGE (In years last birthday) 56		G. Under 1 Year Months Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		H. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant guard		10B. KIND OF BUSINESS OR INDUSTRY Esso Oil Co.		11. BIRTHPLACE (State or foreign country) MD	
13. FATHER'S NAME STEPHEN HELFER		14. MOTHER'S MAIDEN NAME WENA SCHWARZ		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 214-01-4612		17. INFORMANT 3102 Lawnview ADDRESS Mrs. Elsie M. Helfer	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/14 1953 to 5/24 1953, that I last saw the deceased alive on 5/24 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Geo. B. Smith, Jr.		23B. ADDRESS Univ. Hosp. Balto		23C. DATE SIGNED 5/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/28/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24F. ADDRESS BALTO, 13, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1953		REGISTRAR'S SIGNATURE H. H. H. H.		ADDRESS BALTO, 13, MD.	

VS 150

76357

Reg. T. Sander



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 1984

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Pitcher, Cassard (CASSARD O. PITCHER)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Maryland Gen. Hosp.

C. Length of stay in Baltimore Life

5. SEX M.

6. COLOR OR RACE wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1111 Bonaparte St #18

8. DATE OF BIRTH Feb 12, 1891

9. AGE (In years last birthday) 62

II Under 1 Year
Months: Days

II Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Lithographer

10B. KIND OF BUSINESS OR INDUSTRY
Cont. Can Co.

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

John Pitcher

14. MOTHER'S MAIDEN NAME

Virginia Horsman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
yes WWI

16. SOCIAL SECURITY NO.
212-01-8170

17. INFORMANT 1111 Bonaparte Avenue 18
Mrs. Fern Pitcher

18. 163X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Cardiac arrest secondary to operation + toxemia of suppuration due to
DUE TO
(B) Carcinoma of rt. lung
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 5/25/53

19B. MAJOR FINDINGS OF OPERATION
C. of Rt. lung infiltrating into l. main bronchus

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/10, 1953, to 5/25, 1953, that I last saw the deceased alive on 5/25, 1953, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED 5/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE 5/28/53

24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem.

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

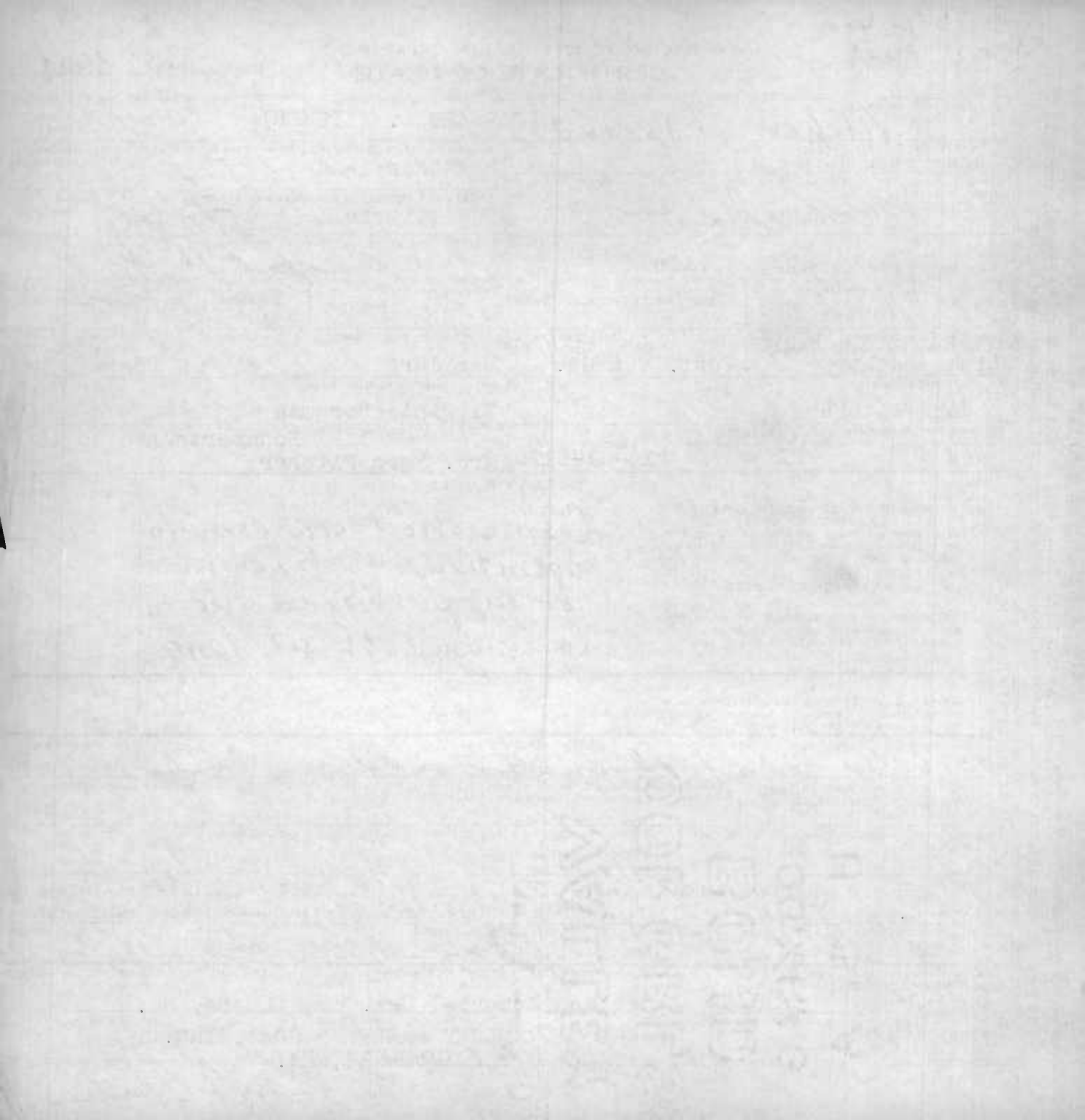
25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.
BALTIMORE, 13, Md.

5713D

Henry P. Sander



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 1985

53 1985

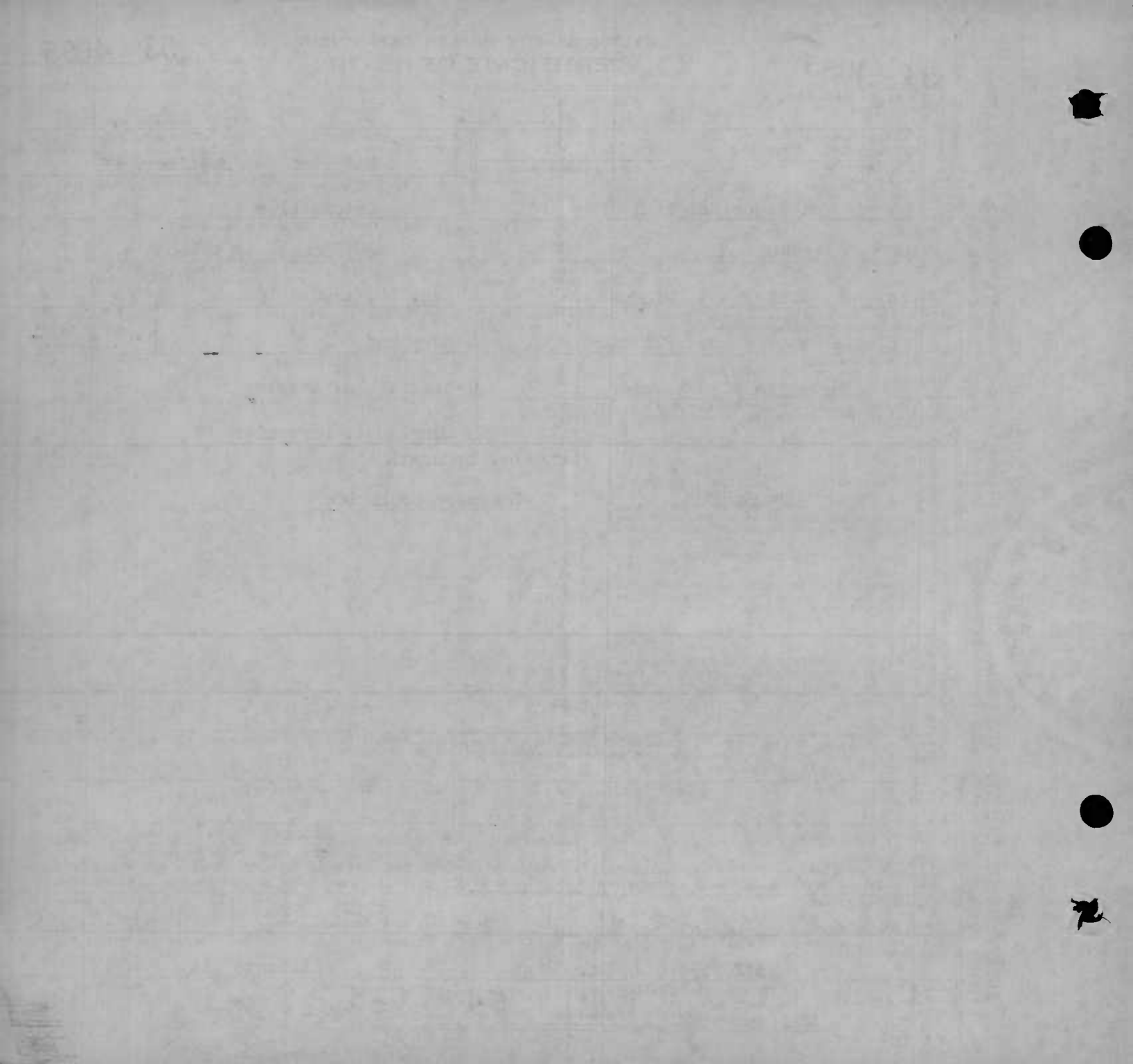
1. NAME OF DECEASED (Type or Print) EDWIN W. RAPPAKIER			2. DATE OF DEATH May 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 29 Bloomsbury Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 16, 1890	9. AGE (in years last birthday) 62	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10B. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Christian F. Rappanier			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
14. MOTHER'S MAIDEN NAME Virginia M. Bassler			17. INFORMANT ADDRESS Charles A. Rappanier		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary occlusion DUE TO		INTERVAL BETWEEN ONSET AND DEATH
	(B) DUE TO		
	(C) DUE TO		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 27, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5/29/53		24C. NAME OF CEMETERY OR CREMATORY St. Johns	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mac ... & Son</i>	
VS 151		57424 Catonsville 28			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 4986	
CERTIFICATE OF DEATH					
BIRTH NO. 53 4986					
1. NAME OF DECEASED (Type or Print) GOTTSCHALK, PAUL ALBERT			2. DATE OF DEATH 5/26/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE md. b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Univ. Hosp.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Denis 5300		
c. Length of stay in Baltimore 3 weeks			d. STREET ADDRESS (If rural, give location) 5710 Willow Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/22/1913	9. AGE (In years last birthday) 40	10. Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier			10b. KIND OF BUSINESS OR INDUSTRY Howard Co. Md		11. BIRTHPLACE (State or foreign country) St Denis Md.
13. FATHER'S NAME Julius E. Gottschalk			14. MOTHER'S MAIDEN NAME Lizzie M. Boyle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Mrs. Alfred J. Languth Elmridge			ADDRESS 5710 Willow Ave		
18. 022X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis & aortitis (Etiology pending) DUE TO Luetic			INTERVAL BETWEEN ONSET AND DEATH ?		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatoid arthritis DUE TO Prostatitis (etiology pending) Ulcerations of feet			15 yrs 10 yrs 1 1/2 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 7		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/4 19 53 , to 5/26 19 53 , that I last saw the deceased alive on 5/26 19 53 , and that death occurred at 9:00 p. m., from the causes and on the date stated above.					
23a. SIGNATURE John D. Sharrett M.D.		23b. ADDRESS University Hospital		23c. DATE SIGNED 5/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/30/53		24c. NAME OF CEMETERY OR CREMATORY Meadowridge Mon. Pl.	
24d. LOCATION (City, town, or county) (State) Washington Rd. Ind.		24e. FUNERAL DIRECTOR H. J. Jones		24f. ADDRESS 6000 E. 1st St. Indianapolis	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE H. J. Jones		25. FUNERAL DIRECTOR H. J. Jones	

See query reply in Document file

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 4987		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 4987	
1. NAME OF DECEASED (Type or Print) Henry Reed			2. DATE OF DEATH May 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 40 yrs.			D. STREET ADDRESS (If rural, give location) Homeless 1626 W. Fayette St.		
5. SEX M	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH Dec. 19, 1899	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Baltimore City		
11. BIRTHPLACE (State or foreign country) Pennsylvania			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Carrie Rhine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)			ADDRESS		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far Advanced Bilateral Pulmonary Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-1		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-1 , 19 53 , to 5-26 , 19 53 , that I last saw the deceased alive on 5-26 , 19 53 , and that death occurred at 12:30Pm. , from the causes and on the date stated above					
23A. SIGNATURE H. J. Gulman			23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 5-26-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/29/53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) 24300 Old Frederick Rd.
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1953		REGISTRAR'S SIGNATURE H. J. Gulman		25. FUNERAL DIRECTOR 5 Cowan & Son	

VS 150

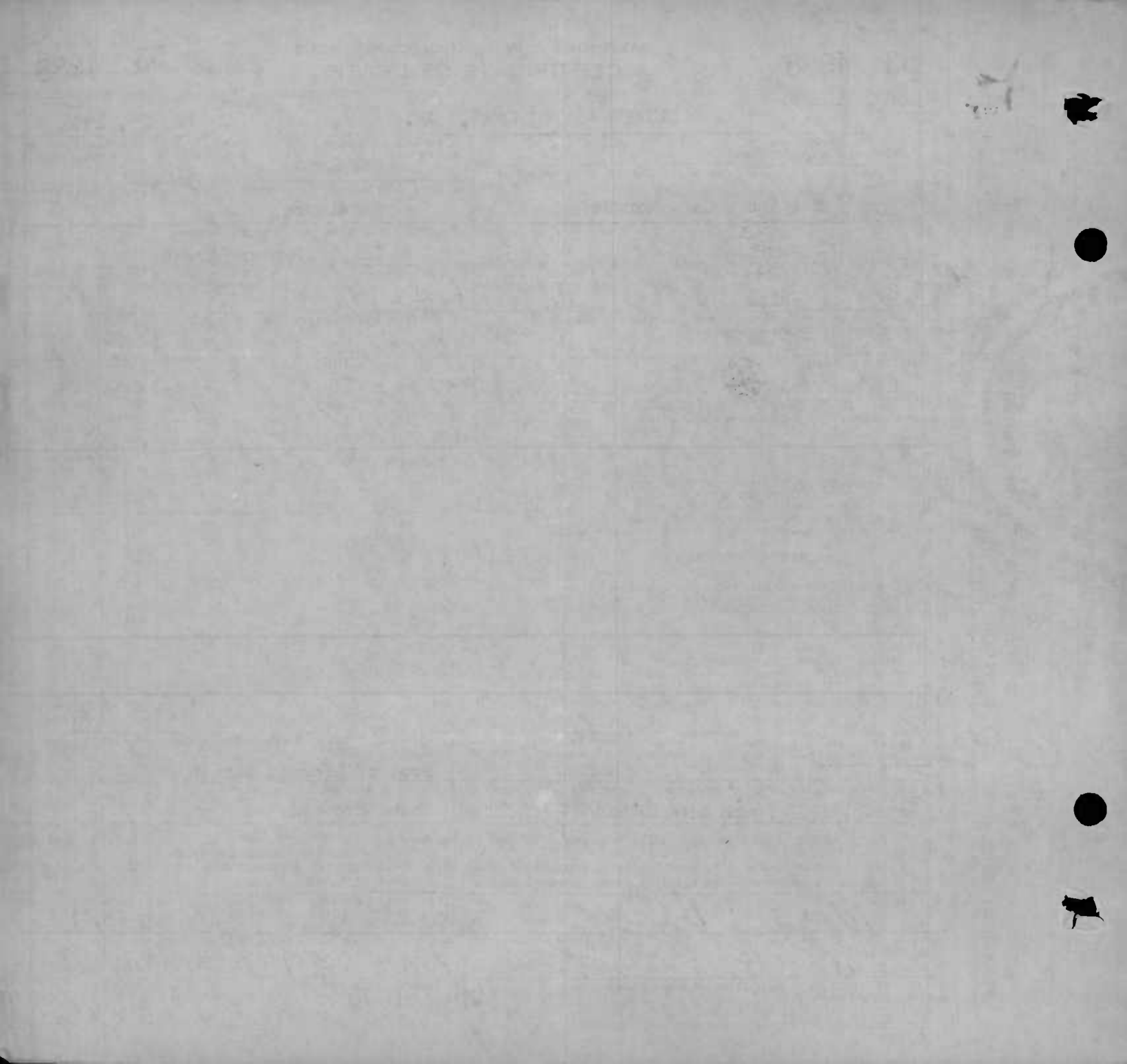
97093

address obtained through T. B. Bureau

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53</u> <u>1988</u>	
BIRTH NO. <u>53</u> <u>1988</u>		1. NAME OF DECEASED (Type or Print) <u>ELDWYN THOMAS, JR.</u>		2. DATE OF DEATH <u>May 25, 1953</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u>		B. COUNTY	
B. FULL NAME OF (not in hospital or institution, give street address or location) <u>Baltimore City Morgue</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		<u>18-03</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>114 Callender Street</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6/21/1940</u>	9. AGE (in years last birthday) <u>12</u>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>Eldwyn J. Thomas Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Sorothy Hagner</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Mr Eldwyn J. Thomas Sr. Callender</u>	
18. <u>E929.8</u> I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) Drowning</u> DUE TO ANTECEDENT CAUSES <u>(B)</u> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(C)</u> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>harbor</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Foot of Dickman Street</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 25, 1953 Found 1:00 P.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Found drowned</u>	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William H. H. H.</u>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <u>May 25, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24B. DATE <u>5/29/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>9930 Fredrick Ave</u>		25. FUNERAL DIRECTOR <u>John F. Cowan & Son</u>		ADDRESS <u>Holtz</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
VS 151 <u>N 990X</u>					



53 4989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4989

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alice Duckery

2. DATE
OF
DEATH

5-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1039 N. Front St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 5-02

C. Length of stay in Baltimore

2 mos.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1039 N. Front St

5. SEX

F

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10/15/95

9. AGE (in years
last birthday)

56

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wilmington Del

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Duckery

14. MOTHER'S MAIDEN NAME

Nellie Chance

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Gertrude Thompson

Chester Pa

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) hypertensive
cardio-renal
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) [cardiac failure]

DUE TO

UNK.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/53, 1953, that I last saw the
deceased alive on 5/19/53, 1953 and that death occurred at 1130 P.M. from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

1500 EAST BROWNE, ADDRESS

BALTIMORE, M.D.

23C. DATE SIGNED

5/26

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/27/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Baltimore Md

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

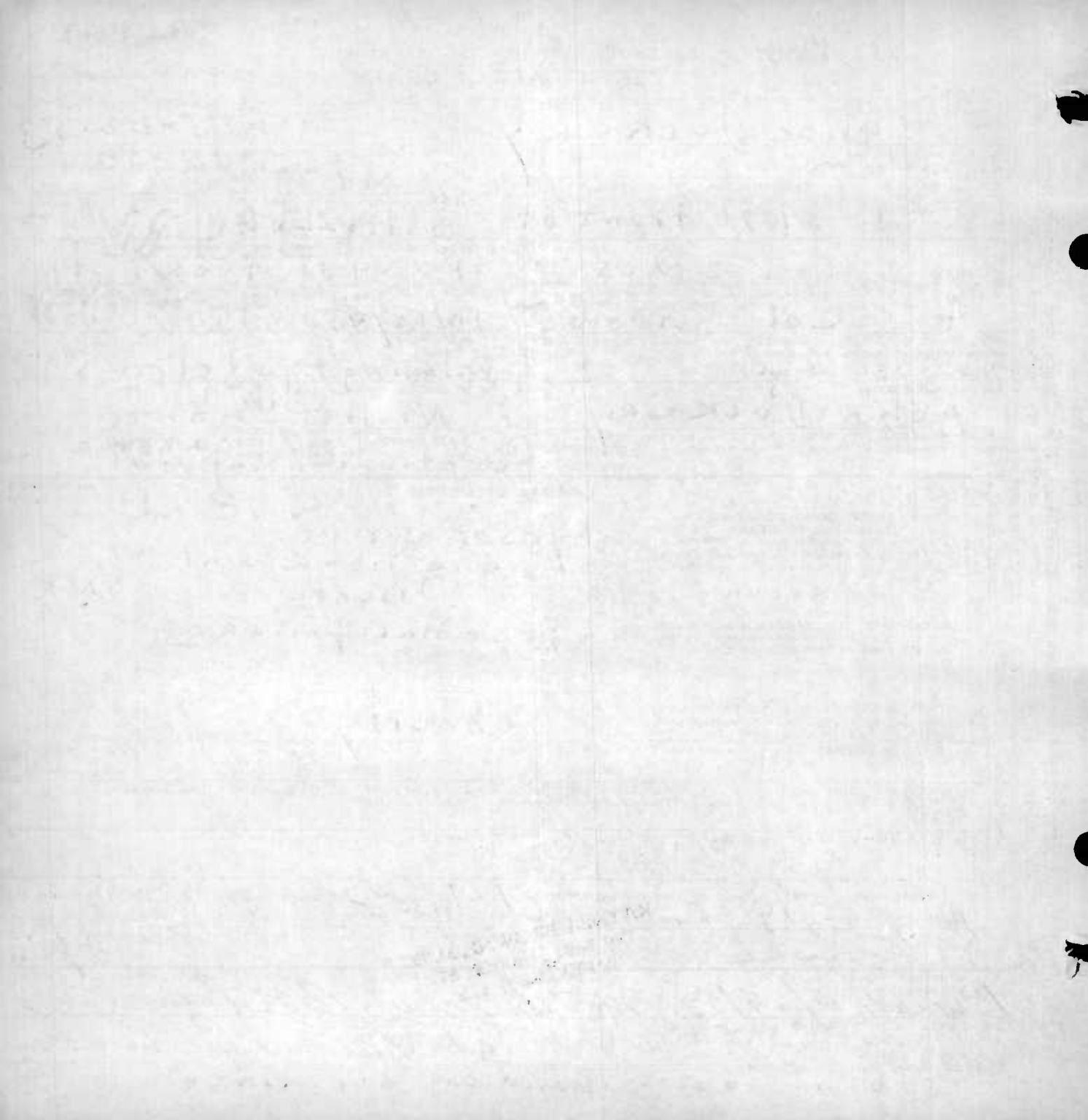
[Signature]

25. FUNERAL DIRECTOR

Charles A. Rice 66 W. Bayside

ADDRESS

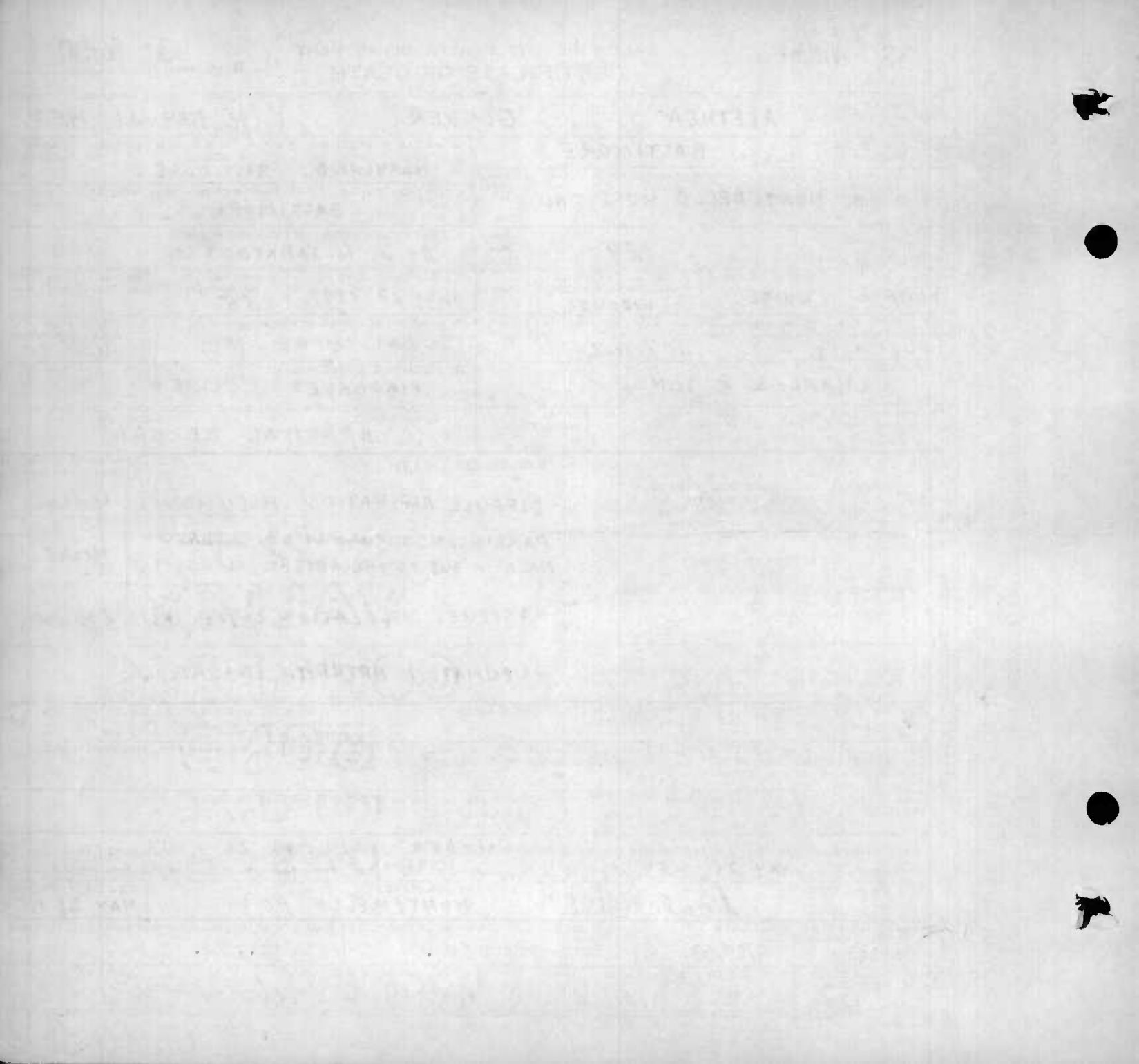
by authority of medical examiner



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 4990 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ALETHEA JONES GLOVER.				2. DATE OF DEATH MAY 26. 1953.	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY BALTIMORE.	
B. FULL NAME OF HOSPITAL OR INSTITUTION MONTEBELLO HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE. 20-01	
c. Length of stay in Baltimore 29 Yes. Mos. Days				D. STREET ADDRESS (If rural, give location) 2016 W. SARATOGA ST.	
5. SEX FEMALE	6. COLOR OR RACE WHITE.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH JULY 27, 1897	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME CHARLES R. JONES.			14. MOTHER'S MAIDEN NAME MARGARET COLLIER.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS HOSPITAL RECORD.		
18. 350X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) DIFFUSE ASPIRATION PNEUMONIA DUE TO PARKINSON'S DISEASE WITH ENCEPHALOMALACIA DUE TO THE ARTERIOSCLEROSIS. (B) HABITUAL DISLOCATION OF THE JAW. (C) RHEUMATOID ARTHRITIS. EMACIATION.				INTERVAL BETWEEN ONSET AND DEATH 4 days. years. 2 years.	
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCTOBER, 1952 to MAY 26, 1953 , that I last saw the deceased alive on MAY 26, 1953 , and that death occurred at 3:22 PM m., from the causes and on the date stated above.					
23A. SIGNATURE Paul Risk		23B. ADDRESS MONTEBELLO HOSPITAL.		23C. DATE SIGNED MAY 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/29/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR 1953		24F. REGISTRAR'S SIGNATURE Huntington Wallaces, Jr.	
24G. FUNERAL DIRECTOR Wm. J. Schaner & Sons		24H. ADDRESS Balto. 17, Md.			



7-520
53 4991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4991

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES LORENZO LOOMIS

2. DATE OF DEATH May 26, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-18

D. STREET ADDRESS (If rural, give location)
5335 Reisterstown Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 24, 1875

9. AGE (In years last birthday)

78

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Trust Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William T. Loomis

14. MOTHER'S MAIDEN NAME

Eliza Boughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
yes Spanish American

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Rd.
Miss Chassie G. Loomis - 5335 Reisterstown

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral softening

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Self-inflicted laceration of neck

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
5335 Reisterstown Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 16, 1953

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Self-inflicted laceration of neck

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Fisher

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 26, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
5/29/53

24C. NAME OF CEMETERY OR CREMATORY
Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)
Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. GENERAL DIRECTOR

ADDRESS

Wm. J. Fisher & Sons
Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Wm. P. Vincent & Co. Inc.
1110 1st St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 4992
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND ALBERT TEAL

2. DATE
OF DEATH May 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-06

D. STREET ADDRESS (If rural, give location)

1705 Bloomingdale Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 14, 1924

9. AGE (in years
last birthday)

28

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Roofer

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elmer E. Teal

14. MOTHER'S MAIDEN NAME

Hattie M. Welling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

yes

World War No. II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Elmer G. Teal - 6618 Parson Ave.

18. 322.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William H. L. [Signature]*23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 26, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/28/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Sweeney & Sons
Balto. 17. Md.

Nov 2. P. 1000 ft. 1. m. 12
1000 ft. 1. m. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-200
53 4993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 4993

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAY GERTRUDE BUCK

2. DATE OF DEATH May 26, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md.
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
2104 Southern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-03

O. STREET ADDRESS (If rural, give location)
2104 Southern Ave.

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH July 21, 1874

9. AGE (In years last birthday) 78

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William McElroy

14. MOTHER'S MAIDEN NAME Elizabeth Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT ADDRESS Mrs. Jack Carter - 2104 Southern Ave.

18. 446x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES

(B) Anurialyid

4 yrs.

(C) Arteriosclerosis

OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 4, 1949 to May 26, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE Brown Dawson M. O.

23B. ADDRESS 4808 Harford Rd.

23C. DATE SIGNED 5/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 5/29/53

24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

VS 150

Huntington Williams, M.D.

Victor V. Sams

Balto. 17, Md.

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully and legibly
corrected as a required preliminary. Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

24A. BURIAL, CREMA-
TION, REBURYAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or country)

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I first saw the
deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

21D. TIME (Month) (Day) (Year) (Hour)

21C. HOW DID INJURY OCCUR?
INJURY OCCURRED
WORK AT _____ NOT WHILE
AT WORK

21B. WHERE DID IT IN BALTIMORE CITY, GIVE EXACT LOCATION?

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office, etc.)

21C. WHERE DID IT IN BALTIMORE CITY, GIVE EXACT LOCATION?

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

19C. OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give unit or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

13. FATHER'S NAME

10A. USUAL OCCUPATION (Give kind of work in life even if retired)
10B. USUAL OCCUPATION (Give kind of business or
industry)

11. BIRTHPLACE (State or foreign country)

11A. CITIZEN OF
WHAT COUNTRY?

9. SEX
8. COLOR OR RACE
WIDOWED DIVORCED (Specify)

7. AGE (in years)
last birthday

8. DATE OF BIRTH

10. STREET ADDRESS (If rural, give location)

Yes.
No.
Days

c. Length of stay in Baltimore

8. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or
location)
C. CITY OR TOWN
D. STATE

4. USUAL RESIDENCE (Where deceased lived prior to death)
B. COUNTY

5. DATE
OF
DEATH

1. NAME OF DECEASED
(Type or Print)

BIRTH NO.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

OVER

OVER

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-170501		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 1994	
BIRTH NO. 5369		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print)		Zora Monroe		2. DATE OF DEATH May 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 704 Lexington St. zone 1	
c. Length of stay in Baltimore 42 yrs.		Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 1, 1899	9. AGE (in years last birthday) 54	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Andrew Monroe (dec.)		14. MOTHER'S MAIDEN NAME Nannie Blake (dec.)		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-20, 1953 to 5-22, 1953 that I last saw the deceased alive on 5-22, 1953, and that death occurred at 8:30A. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Shumaker		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 5-22-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 5-27-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn C.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. NAME OF CEMETERY OR CREMATORY Mt. Auburn C.		24F. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS Samuel W. Sullivan Jr. 7208A 1011 N. Arlington Ave	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 4995**

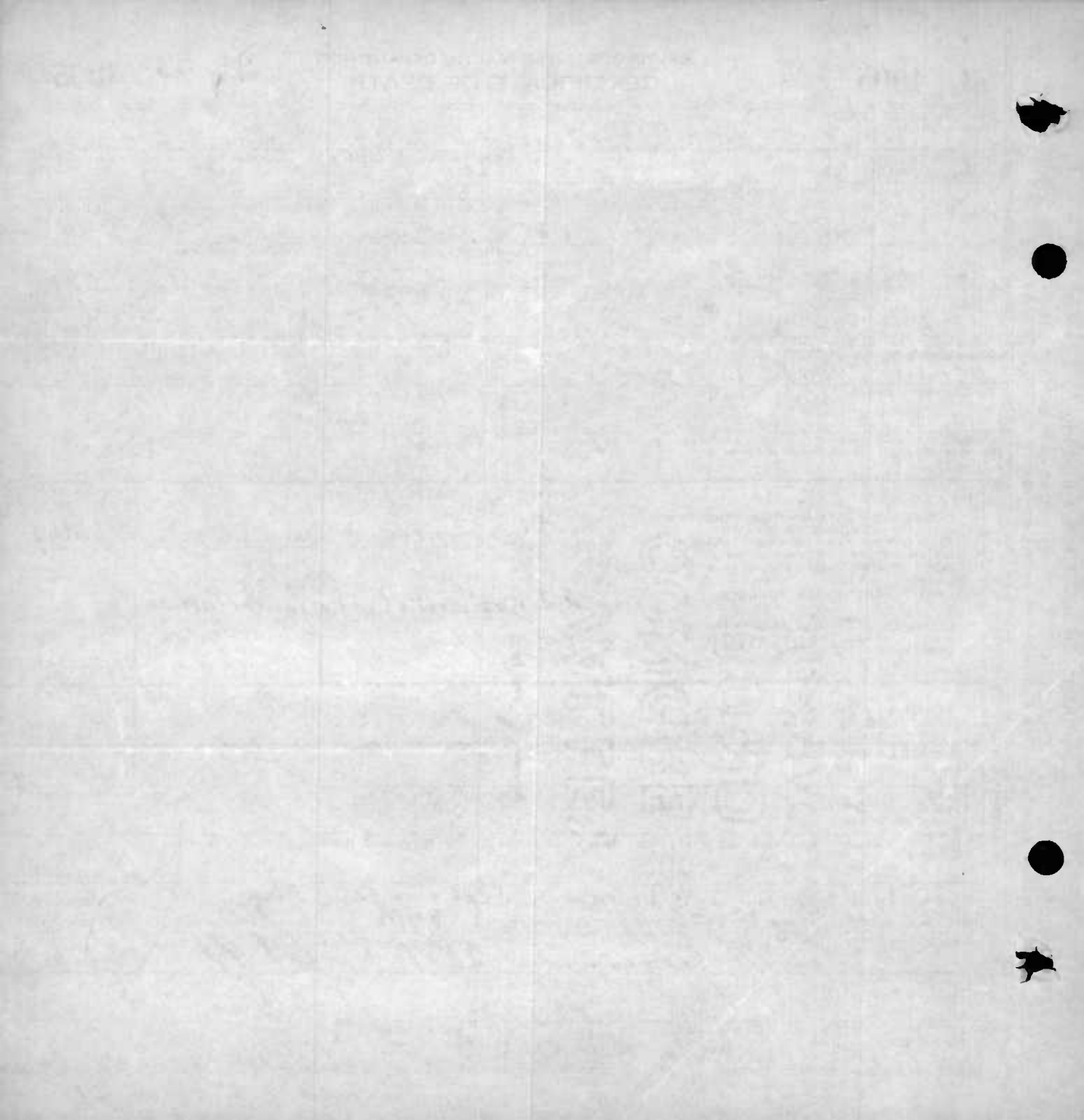
53 4995
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DELIA THERESA LESTER		2. DATE OF DEATH 5-26-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2452 GREENMOUNT AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 12-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2452 GREENMOUNT AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL-TEACHER		10B. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOLS	
11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME THOS. LESTER		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS MARG. S. GRIBBIT		ADDRESS 2452 GREENMOUNT AVE	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-Vascular Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 1952 to May 1953 , that I last saw the deceased alive on May 25, 1953 , and that death occurred at 8:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Lois M. Zimmerman M. O.		23B. ADDRESS 2858 Hanford Rd.		23C. DATE SIGNED May 26, 53	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-28-53		24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL CITY	
24D. LOCATION (City, town, or county) (State) GREENMOUNT & 28th		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
24G. FUNERAL DIRECTOR Greenmount & 28th		24H. ADDRESS		24I. SIGNATURE	



MARGIN RESERVED FOR BINDING
Dr. Martin Luther Singwald
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 4996
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 4996
Registered No.

1. NAME OF DECEASED (Type or Print) Sarah A. V. Downey			2. DATE OF DEATH May 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3030 W. North Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06		
C. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3030 W. North Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 13, 1866	9. AGE (In years last birthday) 86	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME John Henry Lancaster			14. MOTHER'S MAIDEN NAME Margaret Ann Shank		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS R. A. Rayner Downey Severna Park, Md.		

18. 572.1 and 170X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) Arteriosclerotic Cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH
unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Multiple diverticula with gastro-intestinal hemorrhage
(C) Carcinoma of rt. breast

unknown
unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Aug 1952		19B. MAJOR FINDINGS OF OPERATION ca of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951, 19, to 5-25, 1953, that I last saw the deceased alive on 5-25, 1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Martin L. Singwald		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 5 - 27 - 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5 - 28 - 53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place M B Mitchell	

CERTIFICATE OF DEATH

STATE OF TEXAS

CERTIFICATE

FILE NO. 10-10-10

DECEASED

DECEASED

DECEASED

DECEASED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

5-32 Med & Case
53 4997
Baltimore City Health Department
Certificate of Death

Registered No. 53 4997

BIRTH NO. 5-32

1. NAME OF DECEASED (Type or Print) *James Stachlinski*

2. DATE OF DEATH *May 24, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *MD* B. COUNTY *1-03*

B. FULL NAME OF HOSPITAL OR INSTITUTION *Coker 6*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore County*

D. STREET ADDRESS (If rural, give location) *617 Bradford St.*

C. Length of stay in Baltimore
Yrs. Mos. Days

5. SEX *male* 6. COLOR OR RACE *white* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *single*

8. DATE OF BIRTH *12-9-12* 9. AGE (In years last birthday) *40* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *machine operator* 10B. KIND OF BUSINESS OR INDUSTRY *Tin Rec. Co.*

11. BIRTHPLACE (State or foreign country) *Baltimore* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *John Stachlinski* 14. MOTHER'S MAIDEN NAME *Anna Hury*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *yes* (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *JOHNS HOPKINS HOSPITAL* ADDRESS

18. *322.1* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

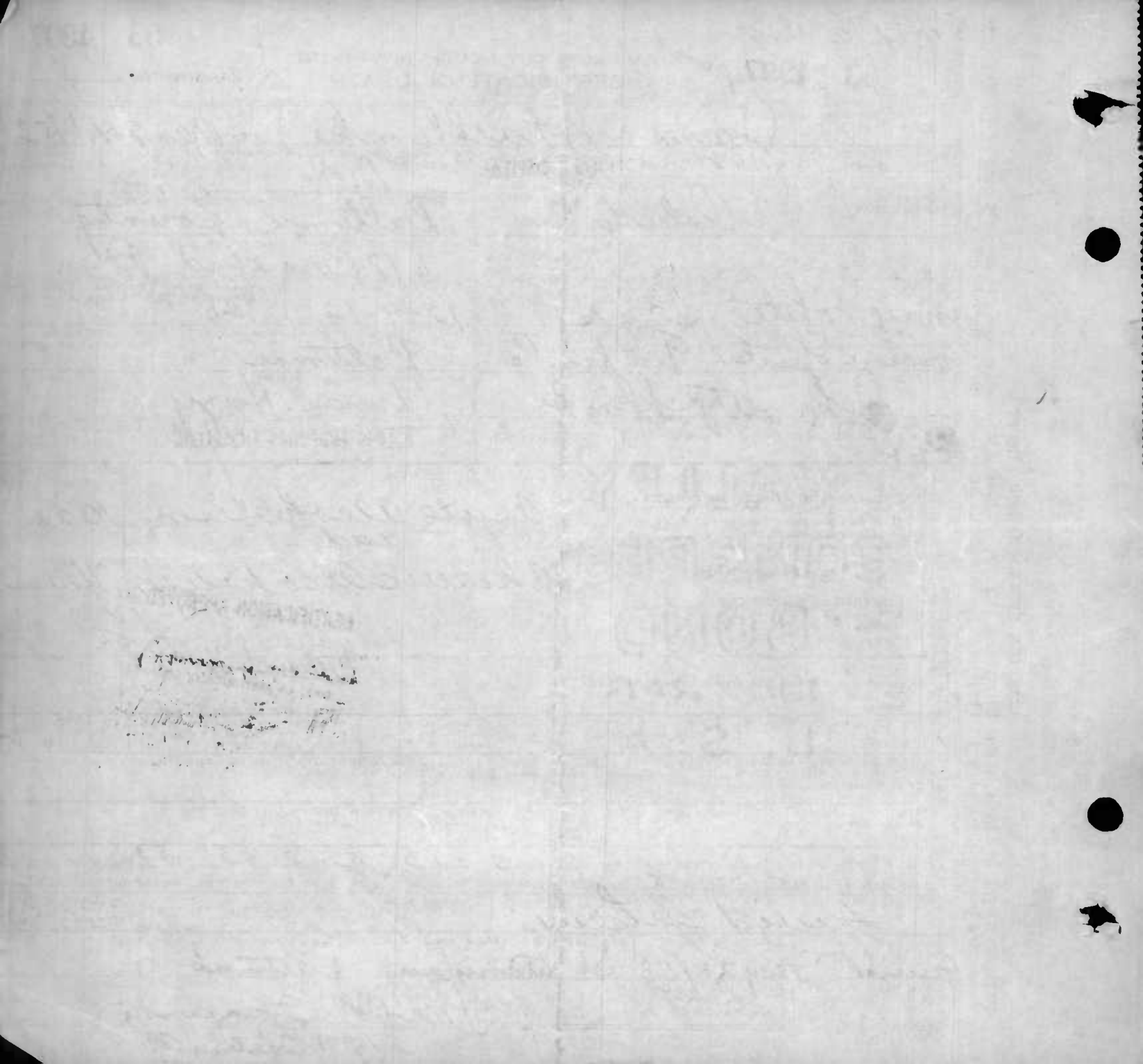
22. I hereby certify that I attended the deceased from *5-23* to *5-23*, 19*53*, that I last saw the deceased alive on *5-24*, 19*53*, and that death occurred at *9* m., from the causes and on the date stated above

23A. SIGNATURE *David Lukens* M.D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *5-26-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *May 26/53* 24C. NAME OF CEMETERY OR CREMATORY *St Stanislaus* 24D. LOCATION (City, town, or county) (State) *Baltimore*

DATE RECEIVED BY LOCAL REGISTRAR *May 27 1953* REGISTRAR'S SIGNATURE *Huntington Williams* M.D. FUNERAL DIRECTOR *Fred W. Ozarowski* ADDRESS *6903 E 1930 Eastern Ave*

VS 150



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct as especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 1953

53 1953
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Teabo</i>		2. DATE OF DEATH <i>May 27-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Osler 3</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Ind</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-02</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2508 E. Fayette St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1-27-1934</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tacker</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birth day) <i>19</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. FATHER'S NAME <i>John Edward Teabow</i>		12. CITIZEN OF WHAT COUNTRY? <i>Maryland</i>	
13. MOTHER'S MAIDEN NAME <i>Anna Reynolds</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>218-03-0691</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>600.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>UREMIA</i> DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>CHRONIC PYELONEPHRITIS</i> DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>5-5-53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-5-53</i> to <i>5-27-53</i> , that I last saw the deceased alive on <i>5-27-53</i> , and that death occurred at <i>10:24</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>A. H. Owens, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/30/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		(State)		24E. FUNERAL DIRECTOR <i>Philip H. Hargrave</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Philip H. Hargrave</i>		ADDRESS <i>2024 Orleans St</i>	

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1930

Name of Deceased		John H. Smith	
Sex		Male	
Age		45	
Date of Death		1930	
Place of Death		New York City	
Cause of Death		Heart Disease	
Occupation		Engineer	
Residence		New York City	
Signature of Physician		[Signature]	
Signature of Registrar		[Signature]	
Signature of Coroner		[Signature]	
Signature of Medical Examiner		[Signature]	
Signature of Health Officer		[Signature]	
Signature of Mayor		[Signature]	
Signature of Governor		[Signature]	
Signature of President		[Signature]	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 4999- 500
53 4999
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALEXANDER, S. COHN		2. DATE OF DEATH 5-26-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY 5-19	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3822 Garrison Boulevard		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3822 Garrison Boulevard	
6. SEX Male	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. DATE OF BIRTH
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. KIND OF BUSINESS OR INDUSTRY Clothing	12. BIRTHPLACE (State or foreign country) Baltimore Md	13. CITIZEN OF WHAT COUNTRY?
14. FATHER'S NAME Isadore		15. MOTHER'S MAIDEN NAME Henretta	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis, acute		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY William [Signature] M.D. CHIEF OR ASST. MEDICAL EXAMINER			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 26, 1953</u> , to <u>May 27, 1953</u> , that I last saw the deceased alive on <u>May 26, 1953</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE Louis R. Moser		23B. ADDRESS 4335 Park Heights Ave	
23C. DATE SIGNED May 27, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-28-53	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR May 28 1953		REGISTRAR'S SIGNATURE Thurston [Signature]	
F. FUNERAL DIRECTOR Jack [Signature]		ADDRESS 2100 Cataw Re	

Mason
4305 Park Hgts
707-6759

STATE OF NEW YORK
CERTIFICATE OF DEATH

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5000L-520
53 5000

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Long, Jesse T.

2. DATE

OF DEATH May 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2404 Boone St.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 3rd 1909

9. AGE (in years

last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Worker

10B. KIND OF BUSINESS OR INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Long

14. MOTHER'S MAIDEN NAME

Nattie (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Cecelyn Long 2706 Matthews St.18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive heart disease~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) with Cerebral vascular accident

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to May 26, 1953 that I last saw the deceased alive on May 26, 1953, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald B. Bennett

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

May 26, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/53

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Am. Cook, Inc. 1217 St. Paul st.

ADDRESS

